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ABSTRACT

The School-Based Youth Services Program (SBYSP) of the Iowa Department of Education has just completed its seventh year of operation. This report focuses on the 1995-96 school year, which was the second year of the expanded SBYSP, which went from its original 4 sites to 18. These sites include rural and urban areas, and some of the poorest areas in the state. Most services provided were in the areas of case management, primary/preventive health, education, employment and training, mental health, and recreation/leisure in that order. A total of 19,689 youth and families were served at the 18 sites. The largest number were at the elementary school level, which represents a shift in the SBYSP program focus. A system to monitor and evaluate SBYSP implementation and outcomes has been developed to provide program accountability. This system collects and evaluates information on program participants and their characteristics, attendance, academic achievement, dropout rates, family and parent involvement, the use of other service providers, and parent and student attitudes about program impacts. The relationship between dropping out and magnitude of contact with the program was statistically significant only for the high risk group, but for these students it was significant. Questionnaires completed by 126 elementary school, 139 middle school, and 135 high school students, and 226 parents indicated satisfaction with most areas of program services, with some problem areas identified. Recommendations are made for program improvement. Ten appendixes provide supplemental information about program sites, participants, and outcomes. (Contains 7 tables, 10 figures, and 34 references.) (SLD)

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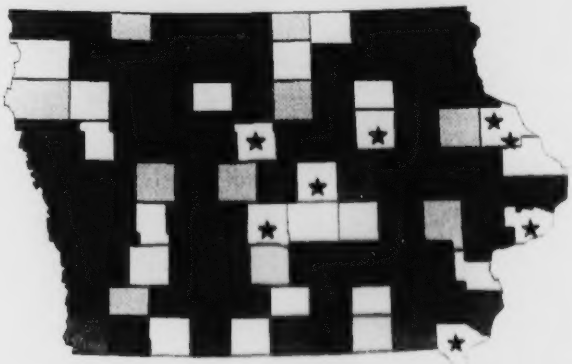
School-Based Youth Services Program

September 1997



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1996 Year-End Report

EXECUTIVE SUMMARY

Authors:

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School-Based Youth Services Program:

1996 Year-End Report

Executive Summary

Introduction

The **School-Based Youth Services Program** (SBYSP) has just completed its seventh year of operation. In the 1994-95 legislative session, the SBYSP was expanded from the original four sites (Des Moines, Dubuque, Marshalltown, and South Tama County) to 18 sites—a 4 ½-fold increase. This increased support was due, in large part, to (1) participative, team-based program management, (2) data-based program evaluation, and (3) the utilization of these approaches in helping students and families to succeed.

This report focuses on the 1995-96 school year—the second year of the expanded **School-Based Youth Services Program**.[1] The sites included the communities of Centerville, Clinton, Davenport, East Union, Eldora-New Providence, Fort Dodge, Fort Madison, Jefferson-Scranton, Oelwein, Washington, Waterloo, Webster City, Western Dubuque,[2] and Winfield-Mount Union, in addition to the original four sites. (See Appendix A for a map of the 18 sites funded for 1995-96 and their addresses.) These sites include rural communities and urban centers, and some of the poorest areas in the state. Three of these sites are consortiums serving more than one school district: Centerville, Eldora-New Providence, and Fort Madison.

The following agencies were involved in the review and approval of the SBYSP, as well as the provision and coordination of services in the model projects:

- Commission on Children, Youth, and Families
- Department of Economic Development
- Department of Education
- Department of Human Rights
- Department of Human Services
- Department of Public Health
- Iowa State University Extension Outreach Center
- Iowa Workforce Development Department

Representatives from these agencies comprised the SBYSP State Committee. In addition to the aforementioned duties, these representatives conducted third-party reviews of the 18 SBYSP sites during the spring of 1996. Along with data on student outcomes and customer satisfaction, this information provided the basis for the recommendations presented in the last section of this report.

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[1] Data are presently being collected and processed for 1996-97. An abbreviated, interim report summarizing these data is planned for early next year.

[2] Western Dubuque was partially supported during 1990-94 through the state grant to the Dubuque site.

Goals and Criteria for Evaluation

A system to monitor and report SBYSP implementation and outcomes has been developed to provide program accountability. This system, which includes a computerized database management system used in the Des Moines SBYSP during 1990-91 and applied in all SBYSP sites in subsequent years, as well as staff questionnaires, case studies, and student/parent surveys, provides data on the following measures:

1. numbers and characteristics of students served;
2. type and magnitude of services provided;
3. school attendance;
4. school performance (GPA);
5. high school dropout rates;
6. high school re-enrollment;
7. family and parent involvement in the program;
8. coordination between schools and other service providers;
9. ability of "other service providers" to deliver services;
10. use of economic resources to improve employment and productivity of students leaving school;
11. self-perception of school attendance and performance, health, social interaction and behavior, desire to graduate, and employability;
12. parent's perception of their child's school attendance and performance, health, social interaction and behavior, desire to graduate, and employability;
13. student satisfaction with the services provided by the program;
14. parent satisfaction with the services provided by the program;
15. qualitative data on the impact of the program on students and families.

Data on measures (1) through (4) above are available from the SBYSP database management system; measures (5) and (6) are based on school records; (7) through (10) are based on judgements by school, SBYSP and service provider staff; measures (11) through (14) are based on surveys of *customer* opinion—that of SBYSP student participants and their parents; while (15) is based on case studies, focus groups, and responses to the open-ended survey questions. The numbers and characteristics of students served and the impact of the SBYSP on students and families participating in this program in the 18 sites are summarized in Table 1 on p. 5.

More broadly, eight goals of the SBYSP have been identified:

1. To develop cooperative planning and collocation of staff from multiple service agencies in one center in or near schools to make services accessible for all school age youth in or out of school ("one-stop shopping");
2. To involve families and parents in the delivery of services to youth;
3. To facilitate joint planning to make the most economical and innovative use of community resources to support youth services;

4. To establish an evaluation initiative to determine the effectiveness of the program;
5. To increase the ability of existing agencies within communities to address the multiple problems of our youth;
6. To enable school age youth to complete their high school education;
7. To enable school age youth to obtain skills that lead to employment and additional education and training;
8. To enable school age youth to obtain skills that lead to a healthy, drug-free life.

Each goal has associated criteria for assessing goal attainment. For example, Goal 6 regarding high school completion, involves the following taken from the above list of 15 measures: (a) school attendance; (b) school performance (GPA); (c) high school retention rates (100% minus the dropout rate); (d) high school re-enrollment; and (e) student and parent perceptions, e.g., desire to stay in school and graduate, liking school, desire to achieve in school, and showing up on time for classes.

These goals are listed and categorized in Table 1 of Appendix B, along with associated criteria for assessing the attainment of each goal. In Table 2 of Appendix B, instruments and/or methods for measuring the criteria associated with each goal are presented. This working document (Appendix B) has been very helpful in reviewing and revising the evaluation system.

Number and Characteristics of Youth Served

A total of 19,689 youth and families were served in the 18 sites comprising the SBYSP in 1995-96. Of the youth served, 50.6% were male, 49.4% were female. The greatest number served were under Grade 6 (including K-5, preschool, and below school age, 36.9%), followed by Grades 9-12 (33.4%), and Grades 6-8 (25.8%). Only 3.9% were out-of-school, including previous years' graduates, those obtaining a GED, and those with some post-secondary education. Thus, the largest number of participants in 1995-96 were under Grade 6, which had the smallest number of participants in previous years. *This represents a major shift in focus of the SBYSP—from primarily middle and high school populations to elementary and pre-elementary students, and their families.*

The majority of participants were Caucasian (86.6%). Among non-Caucasians, African-Americans or blacks comprised 6.9%, followed by Hispanics at 3.5%. Asian-Americans, Native Americans, bi-racial, and other ethnic/racial categories were each under 1% of youth served. The ethnic/racial diversity varied considerably over sites, with Des Moines, Davenport, South Tama County, and Waterloo the most diverse of the 18 sites.

A student with an educational disability is one who satisfies at least one of the following conditions:

1. behaviorally disordered;
2. hearing impairment;
3. learning disability;
4. mental disability;
5. physical disability;
6. profoundly multiply handicapped;

7. severely handicapped;
8. speech and language impairment;
9. visual impairment.

Overall, 13.4% of those participating in the SBYSP during 1995-96 were individuals with an educational disability—about the same as in 1994-95. These percentages varied considerably over sites, with only 5.5% in Ft. Madison and 52.0% in Winfield-Mount Union.

The percentage of students classified within the low socioeconomic status (SES) group, identified by having participated in the free or reduced lunch program, is 38.0%—about 6% higher than that of 1994-95. These percentages varied widely over sites, with only 9.5% in Oelwein and 76.2% in Des Moines. According to student survey data, 4.1% of SBYSP participants were classified as homeless (living in something other than a house, apartment, or mobile home). Low SES families often lack the resources to provide significant educational materials and facilities in the home, experience stress that distracts children from their educational objectives, and may not be able to provide sufficient direction or a positive role model for them. Such children are specifically targeted within the SBYSP. (See Table 1.)

Number Served in the Major Service Areas

Most services were in the areas of case management, primary/preventive health, education, employment and training, mental health, and recreation/leisure, in that order. (See Table 1 and Appendix C.) Recreation/leisure was a new major service area in 1994-95, a reflection of the recreation component included in the legislation for the expansion of the SBYSP in 1994. *Recreation* requires a personal choice of a person to participate in an activity that enhances her/his well-being with the resources available to them. It is a tool which must be viewed holistically to help individuals experience fun and achieve harmony involving the mental, physical, emotional, social, spiritual, and creative aspects of their lives. Recreation is also a tool to help individuals renew themselves which helps them promote and adjust to change. Sites that served the greatest number of participants in recreation and leisure included Oelwein, Winfield-Mount Union, Des Moines, and Jefferson-Scranton. The following are examples of recreation and leisure activities employed in the Oelwien Husky Hub Center in 1995-96:

- swimming, open gym, art contest, pool tournaments, dances, movie nights, and trips to Adventureland;
- summer field trips, including canoeing, biking, hiking, tubing, and fishing;
- transportation to a neighboring community for swimming during the summer.

[Note: Some sites included recreation as a part of the education category. Recreation/leisure should be a major category in each site's database, so that an accurate, unduplicated count of such services can be made in each site.]

Life skills is another service area added in the expansion of the program in 1994. This area includes instruction and related experiences that are designed to help individuals and families identify and manage life challenges. Life skills areas include employment, coping skills, independent living and self-sufficiency skills, financial skills, personal grooming, personal growth and leadership, self-esteem, consequential thinking skills, personal responsibility, personal safety, manners and respect, and parenting skills. Life skills cuts across all of the major service areas, but goes beyond the provision of services to skill development.

Workshops were held at Camp Dodge in the spring of 1996 to define what we wanted to accomplish within the areas of recreation and life skills. The above definitions of these new service areas were developed and models for visualization, best practices for service delivery, and ideas concerning evaluation were discussed.

Table 1: 1995-96 **SCHOOL-BASED YOUTH SERVICES PROGRAM**: Youth served, services provided, student outcomes, and student/parent perceptions

1995-96 SCHOOL-BASED YOUTH SERVICES PROGRAM:

INDIVIDUALS SERVED, SERVICES PROVIDED, STUDENT OUTCOMES, & STUDENT/PARENT PERCEPTIONS

Number and Characteristics of Individuals Served

Total Number of Individuals: 19,689

Grade Levels of Youth Served:

Under 6th	36.9%
6th to 8th	25.8%
9th to 12th	33.4%
Out-of-school	3.9%

Dropout Rate[c]: 6.2%

Gender Distribution of Youth Served:

Male	50.6%
Female	49.4%

Ethnic Distribution of Youth Served:

Asian-American	0.7%
Black	6.9%
Hispanic	3.5%
Native American Indian	0.9%
Caucasian	86.6%
Bi-racial	0.8%
Other	0.5%

Youth with Educational Disabilities: 13.4%

Youth of Low Socioeconomic Status Families: 38.0%

Homeless Youth[g]: 4.1%

Delinquency[a]:

Legal identification	2.0%
School identification	2.0%
Potential identification	6.9%
Non-delinquent or no information	89.1%

Risk[b]:

Low	45.8%
Medium	22.4%
High	24.9%
Unknown	6.8%

Number Served (Duplicated across Services[d]) and Number of Service Contacts:

#Served in Primary/Preventive Health	8,128
#Served in Mental Health	2,249
#Served in Employment and Training	2,471
#Served in Case Management	12,689
#Served in Education	5,234
#Served in Substance Abuse	981
#Served in Recreation/Leisure	2,114
#Served in Miscellaneous (Basic Needs, Day Care, Counseling, Liaison with Juvenile Court, and Other Activities)	Variable[e]

Total Number of Service Contacts	392,680
Average Number of Contacts per Individual	19.9
Average Total Cost[f] per Contact	$16.67
Average Total Cost[f] per Individual Served	$332.56

Student Outcomes: Data from Participating Schools

Improved Attendance to Acceptable Level	25.8%
Maintained Attendance at Acceptable Level	80.4%
Improved GPA (by at least 0.1 grade point)	36.7%
Maintained GPA (within 0.1 grade point)	25.0%
Median Dropout Rate	4.75%
Sites Re-enrolling Dropouts	13 of 18 sites, or 72.2%

Improved or Maintained Attendance (Attained Acceptable Level: 10 days or fewer missed)	64.3%
Improved (by at least 0.1) or Maintained (within 0.1) GPA	61.7%
Range of Dropout Rates	6.7%
Re-enrollment Count	98 total (78 successful)

Student Outcomes: Student and Parent Perceptions of Student Improvement/Attainment (from Survey)

Eighty percent (or more) of students and parents surveyed responded positively to questions measuring the following student outcomes: Good or improved physical health and attendance/performance in school; promptness in school and work (if have a job), good/improved attitude toward self and family, accepting of people of other race/color, desire to achieve in school and to stay in and graduate from school; ability to get along with peers and family, take initiative and make own decisions, getting help and helping others, attend technical school/college, get a job (one they really want), establish/achieve a career goal, and play/work with others; decreased use (or non-use) of drugs and alcohol; not engaging in unsafe sex, and not getting in trouble (generally, or with the law); feeling good or better about getting up in the morning and feeling happy; knowledge of health

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[a] Delinquency data were not available from all sites, the "non-delinquency" percentage may be over-estimated. See p. 36 for definitions of delinquency categories.

[b] See Appendix H for the instrument used to determine level of risk.

[c] This dropout rate is based on the number of students in Grades 9-12 at the beginning of the school year, in the SBYSP. This rate, which focused on dropouts and students in Grades 9-12 who had at least one contact with the SBYSP, was considered to be more reflective of the true magnitude of the dropout problem than that based on students in Grades 7-12, since very few drop out in Grades 7 and 8. Students who drop out, re-enroll, and complete the school year are not counted as dropouts.

[d] "Duplicated across services" means some youth received services in more than one service area. (Counts are unduplicated within a service area.)

[e] Unduplicated counts in each of these areas were 395 in basic needs, 103 in counseling (Marshalltown site), 45 in day care, 286 with the Juvenile Court Liaison (Marshalltown site), and 409 in family survival (Des Moines site). (Adding these counts may result in duplication.)

[f] "Total cost" is the amount of the state grant plus local contributions (cash and in-kind).

[g] "Homeless" youth are those who indicated that they were living in something other than a house (private residence), apartment, or mobile home.

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The Cost of Services

Two measures of cost-efficiency of the SBYSP are (1) cost per individual served and (2) cost per service contact.[3] Each site is supposed to generate a minimum of 20% of its total budget from local contributions and/or other funding (such as allowable growth revenues). Adding in the expenditures from this additional funding to the amount of the state grant, the above measures of cost-efficiency of the SBYSP become:

- *total* cost per individual served
- *total* cost per contact with the program

These ratios may be obtained by dividing the total amount of expenditures ($6,547,753) by (a) the number of individuals served (19,689) and (b) the total number of service contacts provided by all sites in 1995-96 (392,680). The total cost per individual was $332.56, while the total cost per service contact was $16.67.

> [Note: In previous years, we also computed a *state* cost per individual (and contact) served. Since the state grants varied from $50,000 (original four sites) to $200,000 (fully-funded new sites), the only realistic way to assess cost-efficiency in a consistent manner for 1995-96 is using total cost—state grant plus local contributions, both cash and in-kind.]

In 1994-95, the fifth year of the program, the total cost per individual was $518.79 and the total cost per service contact was $22.20. Thus, there was a 35.9% decrease in the cost per individual and a 24.9% decrease in the cost per service contact.

Seventeen of the 18 sites met the requirement that 20% of their total expenditures were drawn from local contributions (in-kind or cash). Overall, just under 60% of the total expenditures for the SBYSP were funded from local sources.

Student Outcomes Based on Data from School: Attendance and GPA

Over half of the students improved or maintained their previous year's attendance. These students missed no more than one additional day than they did in 1994-95. Just under 30% improved, missing fewer than the number of days absent in 1994-95 minus one day. (See Figure 1.) Over 60% of the students improved or maintained their previous year's grade-point average (GPA). Over one-third improved their GPA (36.7%), increasing it by more than 0.1. (See Figure 2.) These results are comparable to those of previous years (e.g., Veale & Morley, 1996).

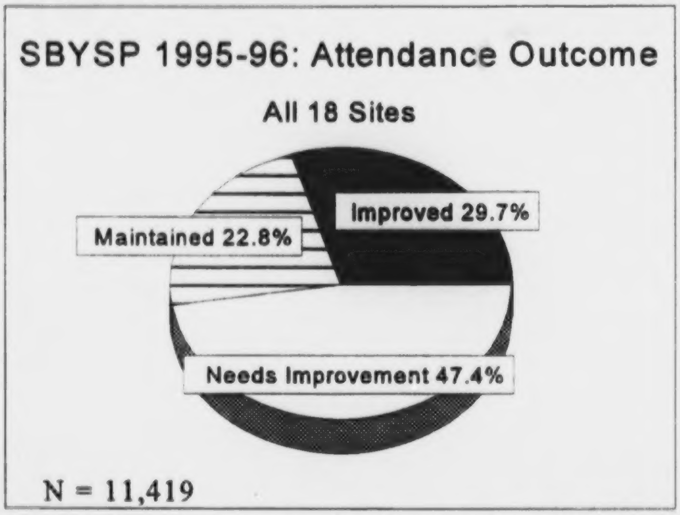

Figure 1: Attendance outcome, based on data from all 18 sites.

Figures 1 and 2 indicate that about 47% of the students

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[3] "Contact" is any interaction between staff and youth and/or family members on a group or individual basis to deliver a service. "Service" is an action to help and includes intake processing.

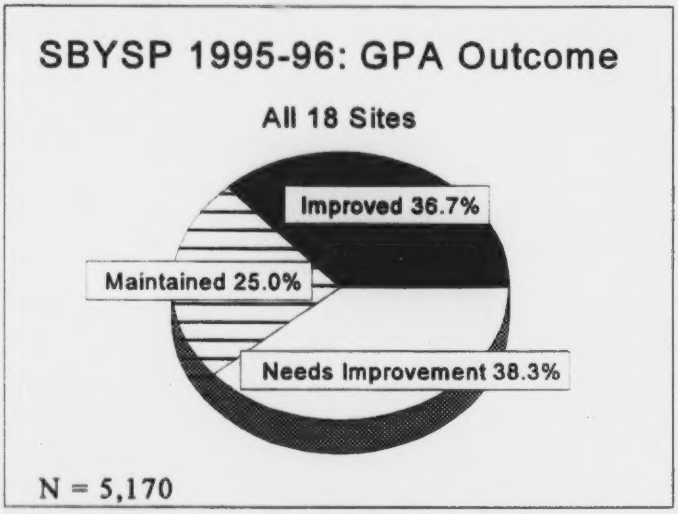

Figure 2: GPA outcome, based on data from all 18 sites.

served missed more days of school in 1995-96, while 38% had lower GPA in 1995-96—compared with the previous year.

These percentages have somewhat limited utility for evaluation, in that it is not evident what criteria should be used to determine what is an acceptable percentage improving or maintaining attendance or GPA. Alternatively, a t-test could be used with the gain scores for the two-year period (e.g., Veale, 1995). However, the usual null hypothesis of a zero gain may not be a fair basis for evaluating this program on these outcomes, given the at-risk characteristics of many program participants.

"Outliers"—observations that lie outside of an expected range—may provide the most interesting information using this gain score approach. For example, the Marshalltown Caring Connection reported 15 students who improved their attendance by 50 days or more over this period.[4] (Only seven students worsened in their attendance by 50 days or more.) It may be hypothesized that the Caring Connection's heavy involvement in education services—tutoring, mentoring, community service, and teen parent classes—may have contributed to their success in reducing high levels of absenteeism.

New Outcomes Incorporating an "Acceptable Level" for Attendance

In the above approaches using either gain scores or percentages based thereon, no standard representing *attendance level* is employed. A student who was absent 100 days in 1994-95 and 98 days in 1995-96 would be classified as "improved," as would one who was absent 2 days in 1994-95 and who missed no days of school in 1995-96. Both of these students would have a gain score of "2" and would be counted among those who "improved." Although the (hypothetical) student missing 98 days in 1995-96 technically improved, he/she still has a serious attendance problem.

A more informative and practical approach is to incorporate a criterion for an *acceptable level* into the definitions of the attendance and GPA outcomes. For attendance, this may be accomplished by applying either the amount of sick leave for staff or the number of absences allowed in a typical attendance policy. Using the aforementioned guidelines, 10 days was determined to be a maximum acceptable number of absences for the school year. With this criterion, we may define the following partition for attendance in the two years:

- Maintained/acceptable - absent 10 days or fewer in 1994-95, absent 10 days or fewer in 1995-96

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[4] Fifty days corresponds to 2.58 standard deviations from the hypothesized mean of zero; only about 0.5% of gain scores should exceed this value, assuming a normal distribution. In the Caring Connection, 15 out of the 771 students with attendance information in both years or about 1.9% exceeded this value.

- Improved - absent more than 10 days in 1994-95, absent 10 days or fewer in 1995-96
- Worsened - absent 10 days or fewer in 1994-95, absent more than 10 days in 1995-96
- Maintained/unacceptable - absent more than 10 days in 1994-95, absent more than 10 days in 1995-96

(Cyndy Erickson, personal communication, August 1, 1997). (See Figure 3.)

Percentages maintaining an acceptable level and/or improving may be computed. Since this incorporates an acceptable level, there is no question that these are desired outcomes.[5] Typically, one would expect the number of improvements using the above classification system to be smaller than the number maintaining an acceptable level. This is a much more "liberal" definition of "maintaining" than that using the gain scores, in terms of the range of possible gain score values that are included in the definition. However, it is more "conservative" in that it requires an acceptable level of attendance, namely no more than 10 days absent, in 1995-96. On the other hand the definition of "improving" to an acceptable level is clearly more conservative than that using the gain scores, in that only those where (1) the number of days absent in 1995-96 is no more than 10 and (2) the number of days absent in 1994-95 is greater than 10 are included. In the above example, the student who missed 100 days in 1994-95 and 98 days in 1995-96 would no longer be classified as "improved," but rather as "maintained/unacceptable."

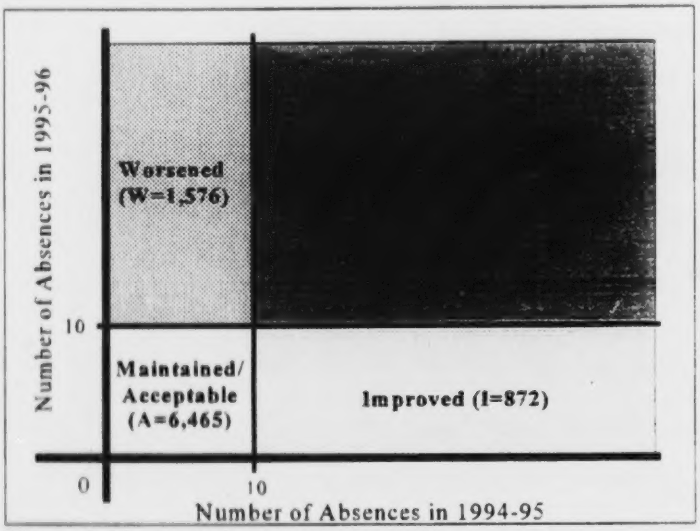

Figure 3: New attendance outcome partition.

The percentages for this new attendance outcome may be computed in two ways. Treating the two years of data as paired observations, the percentage "improving" and "maintaining/acceptable" may be computed based on the total number of students with attendance data for both years. In Figure 3, the percentage "improving" is represented by "I/(A+I+W+U) × 100%," while the percentage "maintaining/acceptable" is represented by "A/(A+I+W+U) × 100%." These percentages could be combined, since the same denominator is used in each. Perhaps more realistically, one may treat the data from 1994-95 as *given* or "fixed," and compute the percentage "improving" out of those who needed improvement based on their 1994-95 data, i.e., those missing more than 10 days in that year. In Figure 3, this would be represented by "I/(I+U) × 100%." Similarly, one may compute the percentage "maintaining/acceptable" out of those who had acceptable attendance in 1994-95. In Figure 3, this would be represented by "A/(A+W) × 100%." These percentages can *not* be combined, since they have different denominators or bases.

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[5] More complex definitions incorporating an acceptable level are possible. For example, one could compute the gain score (absences in 1994-95 minus absences in 1995-96) and define members of the "maintained/acceptable" set as "improved" if their gain score was greater than one.

The results using this new outcome for attendance are as follows:

1. Treating the data for the two years as paired:
    - 56.6% maintained an acceptable level (6,465 out of a total of 11,419)
    - 7.6% improved to an acceptable level (872 out of a total of 11,419)
    - 64.3% either maintained or improved to an acceptable level (7,337 out of a total of 11,419)
2. Treating the data from 1994-95 as given or fixed:
    - 80.4% maintained, among those previously at an acceptable level (6,465 out of 8,041)
    - 25.8% improved, among those previously at an unacceptable level (872 out of 3,378)

We feel that the second set of percentages, treating the 1994-95 data as given, is the most informative. About four-fifths of students who were attending at an acceptable level (absent 10 days or fewer) in 1994-95 maintained that level of attendance in 1995-96. Slightly over one-fourth of students who were *not* attending at an acceptable level in 1994-95 improved to an acceptable level in 1995-96. (See Figure 4.) In addition, just under two-thirds (64.3%) attained the acceptable level of attendance in 1995-96. These figures provide meaningful "benchmarks" against which to measure improvement in the coming years.[6]

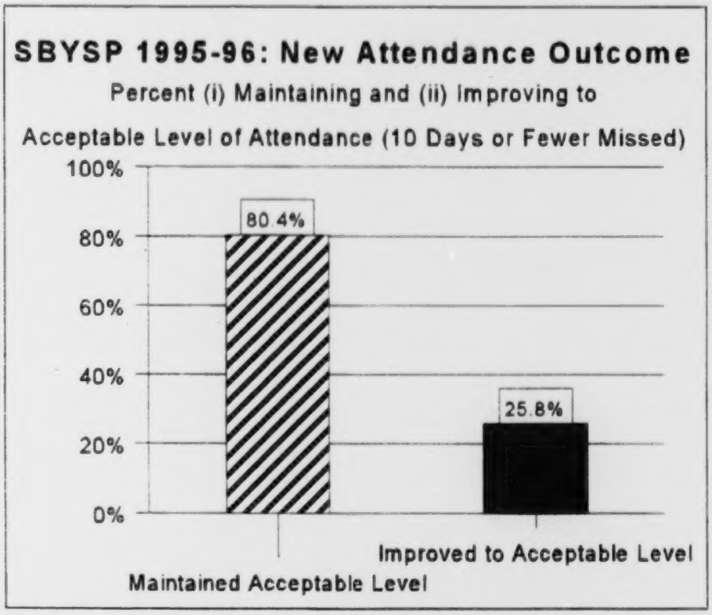

Figure 4: Percent (i) maintaining and (ii) improving to an acceptable level of attendance (10 days or fewer missed) in 1995-96.

The GPA and attendance outcomes based on current and previous years' data provide essentially "snapshots" of the progress of the group involved in SBYSP during the current year (over the previous year). Highly at-risk students often need more than one year to turn their situations around. Moreover, even someone whose GPA diminishes may, in fact, be making some progress. The student's GPA may have been dropping even more prior to their entry into the program. For example, if a student's GPA dropped by 0.8 from 1994 to 1995 and by only 0.2 from 1995 to 1996, it may be argued that the student is making progress. However, if the only data we have is the reduction in the student's GPA by 0.2 from 1995 to 1996 this progress will be masked by the ostensibly negative outcome.

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[6] Defining an analogous "acceptable level" for performance (GPA) is more difficult. Moreover, it may be better to leave this open, since students who make gains in GPA, whatever their starting point, should be counted as "improved." A student who increases her/his GPA from 1.2 to 1.7 may have worked just as hard as (or harder than) one who increased her/his GPA from 2.5 to 3.0—although the latter has achieved a more acceptable level of performance.

In 1997-98, we will gather one more year of data on GPA and attendance—the current year, last year, and the year before last. We will incorporate this additional year of data (and an additional outcome field) for both GPA and attendance into the *EASY/2EASY* database system for 1997-98. This will give us the information we need to investigate differences in the *rate of change* in these outcomes over the three-year period. Statistical procedures such as repeated measures ANOVA (using GPA or attendance for the three years) or the test of marginal homogeneity for ordinal data (using GPA or attendance outcomes for the two biennial periods) can be used to assess progress over this three-year time period. This will provide one more point on the time line of each program participant and will enable us to begin to assess the *long-term* impact of the SBYSP using quantitative data.

Student Outcomes Based on Data from School: Dropout Prevention and Outreach for Re-enrollment

The outcome *staying in school* is measured inversely by the dropout rate in schools served by the SBYSP. The dropout rates in high schools served by each of the 18 SBYSP sites are presented in a modified frequency distribution (Figure 5).[7] The median dropout rate in schools served by the SBYSP in 1995-96 was 4.75%. This figure was slightly lower than the median dropout rate (based on 17 sites) in 1994-95, which was 5.3%.[8]

Our focus has been on year-to-year comparisons—whether the dropout rate increased, diminished, or stayed the same in each individual site, over the previous year. This approach has been discontinued for the following reasons:

- As programs mature, they may incorporate and serve additional schools, which may have very different dropout rates that those previously served; e.g., the Des

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[7] Beginning in 1994-95, *dropout rates were computed using only high school enrollment—the number of high school dropouts divided by the enrollment at the beginning of the year in the high school(s) served by the SBYSP.* Previously, to maintain consistency with the Iowa Department of Education (DE) in the definition of "dropout," Grades 7 and 8 were also included. Since very few students in these grades drop out, the effect of their inclusion was to inflate the denominator and deflate the dropout rate. In addition, the Iowa DE counts students who drop out in year *x* and return to school in the fall of year *x + 1* as returning students—*not* as dropouts. Data from the various SBYSP sites are collected and submitted at the end of the fiscal year (June 30), so the students who drop out in year *x* and return the next fall are counted as dropouts in the SBYSP monitoring system. Finally, the SBYSP may not serve all schools in the school district within which it is operating. Typically, schools in the poorer neighborhoods with youth and families who are more "at-risk" are likely to be served. Thus, our dropout rates will generally be higher than those of the Iowa Department of Education, in the districts participating in the SBYSP.

[8] This figure is slightly different from the median dropout rate presented in last year's report (5.4%). The data from Des Moines East, which became part of the SBYSP in Des Moines in 1994-95, was not included in this calculation to insure backward comparability with 1993-94 data. The dropout rates from Des Moines North and the two alternative schools was 8.2%. Including Des Moines East, this combined dropout rate was only 4.9%. To insure forward comparability from 1994-95, the 4.9% figure was used for Des Moines, yielding 5.3% for the median. (The range was unchanged.)

Moines SUCCESS Program expanded to include two alternative schools (higher dropout rates) in 1993-94 and Des Moines East (lower dropout rate) in 1994-95.

- Uncontrollable factors such as school attendance policies, changes in the demographics of a community, local economic factors, and natural disasters can influence the dropout rate in schools served by a local SBYSP.
- Dropout rates can vary because of the methods used in the dropout identification process; these methods may vary in accuracy from year to year, e.g., due to staff turnover or changes in leadership. Also, the definition of a "dropout" has changed since the SBYSP started (in 1990-91).
- Dropout rate is primarily a cyclical statistical phenomenon and one program is not likely to have a detectable impact thereon—except possibly over an extended period of time.

Dropout Rate Categories	**Number of Sites**	**Actual Dropout Rates**
0.0 but less than 2.0	0	
2.0 but less than 4.0	7	2.7 2.7 2.7 2.8 3.1 3.3 3.8
4.0 but less than 6.0	4	4.4 4.7 4.8[a] 5.7
6.0 but less than 8.0	5	6.1 6.2 7.1 7.5 7.6
8.0 but less than 10.0	2	8.8 9.4
10.0 but less than 12.0	0	
Total	18	

[a] This is the dropout rate for Des Moines East, Des Moines North, and the two alternative schools (Cassady and Scavo), served in 1994-95 and 1995-96 by the Des Moines SBYSP. In 1994-95, Des Moines East was added. However, since East had a relatively low dropout rate and was not served in 1993-94, the dropout rate for North and the two alternative schools (8.2%) was used in last year's report—to provide comparability to the previous year. The median dropout rate for 1994-95 cited in this year's report was based on Des Moines' combined dropout rate of 4.9%, including the data from Des Moines East. This was done to insure comparability with this year's data (and that of future years).

Figure 5: Dropout rate in schools served by each of 18 SBYSP sites in 1995-96.

After the first four years of the SBYSP, we found that dropout rates produced a *stable system*, with variation around the baseline year (1989-90) and a slight decrease in spread or range. In the second year of the expansion, among the 18 sites, there is evidence of stability as indicated by the the median dropout rate—reduced slightly from 5.3% in 1994-95 to 4.75% in 1995-96. As evidence of improvement, there was a substantial decrease in the range of these dropout rates—from 11% in 1994-95 to 6.7% in 1995-96. This means that there are fewer sites with very high (or very low) dropout rates.

In 1994-95, there were two sites with dropout rates that exceeded 10%; in 1995-96, there were no sites with double digit dropout rates. This is evidence of improvement in the area of dropout prevention. Less obviously, fewer very low dropout rates may not be an undesirable result. A very low dropout rate may be due, in some cases, to an undercount of the actual dropouts in the community. Outreach to dropouts is an important component of the SBYSP. Dropouts who are not counted are not likely to be reached and encouraged to return to the education system. In 1994-95, there were two sites with dropout rates around 1%; in 1995-96, the lowest dropout rate was 2.7% (three sites). (The dropout rate categories "0 but less than 2" and "10 but less than 12," which had zero counts, were included in Figure 5 for comparison with the corresponding information in Figure 3 of last year's report (Veale & Morley, 1996).)

Direct evidence of outreach to dropouts is contained in the number of re-enrollments. In 1995-96, there were 98 re-enrollments, of which 78 successfully completed the school year. While the number of re-enrollments decreased slightly over that of 1994-95, the number of sites reporting re-enrollments increased from 9 to 13. One site (Washington's Assure Program) had five students drop out; *all five were re-enrolled and all but one of these students completed the school year.*

Dropping Out and Magnitude of Contact, by Level of Student Risk

In January of 1994, a student risk assessment instrument was developed for application in the *EASY* database and the student and parent surveys. This instrument yielded three categories of risk—low, medium, and high. (See Appendix H for the memo including this instrument.) These data were entered into the *EASY* database and the survey data files, and were used to study the impact of the **School-Based Youth Services Program** on various outcome measures, for students at various levels of risk.[9]

It is of interest to study the relationship between the likelihood of dropping out and the magnitude of SBYSP services (total number of contacts) provided the student—for students at a given level of risk: Is the relationship different for students at the low, medium, and high risk levels? Using 25 contacts as a dividing line between "low" and "high" magnitude of contact, *the relationship between magnitude of contact and dropping out (or staying in school) was statistically significant only for the high risk group* (P=.0056, exact).[10] (See Figure 6.)

Specifically, only 10.3% of students at high risk who had more than 25 contacts with the **School-Based Youth Services Program** dropped out, compared with 14.3% of students of similarly high risk who had less than or equal to 25 contacts with the program. Although the difference in dropout percentage rates between the groups with high and low magnitude of SBYSP contact is smaller than the corresponding difference last year, it is still sizeable and is statistically significant (P<.05). In the above analyses, only students in Grades 9-12 (and alternative schools) were considered. Moreover, only those who dropped out and did not re-enroll were included in the category "dropped out." Thus, the re-enrollment information was indirectly incorporated in these analyses regarding risk, dropping out of school, and magnitude of contact with the SBYSP. The data used in Figure 6 were obtained by pooling the data from the 18 sites.[11] The database subset sizes or "Ns" were 1715 (high risk/0-25 contacts), 659 (high risk/more than 25 contacts); 1441 (medium risk/0-25 contacts), 493 (medium risk/more than 25 contacts); and 4822 (low risk/0-25 contacts), 334 (low risk/more than 25 contacts).

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[9] For example, it was found that students at low risk had the lowest percent dropping out and students at high risk had the highest percent dropping out in 1993-94. Since having previously dropped out of school is one of the factors contributing to risk, this result was expected and provides one piece of evidence regarding the construct validity of the risk assessment instrument.

[10] In most cases where the results of statistical tests are reported herein, the statistical package *StatXact* (CYTEL Software Corporation) was used to provide exact P-values. This is indicated by the notation "(P=*x*, exact)," where *x* denotes the P-value with four decimal place accuracy.

[11] A Mantel-Haenszel test was conducted on the 1993-94 dropout data from the SBYSP database, combining the data from each site, in addition to the chi-square on the pooled data. This test also yielded statistical significance (P<.05) with data from that year, albeit with a slightly higher P-value. It is not evident that individual program site is the best control variable to use. A preliminary test of homogeneity of odds-ratios yielded statistically significant differences across sites in the 1995-96 data (P<.05). Consequently, according to

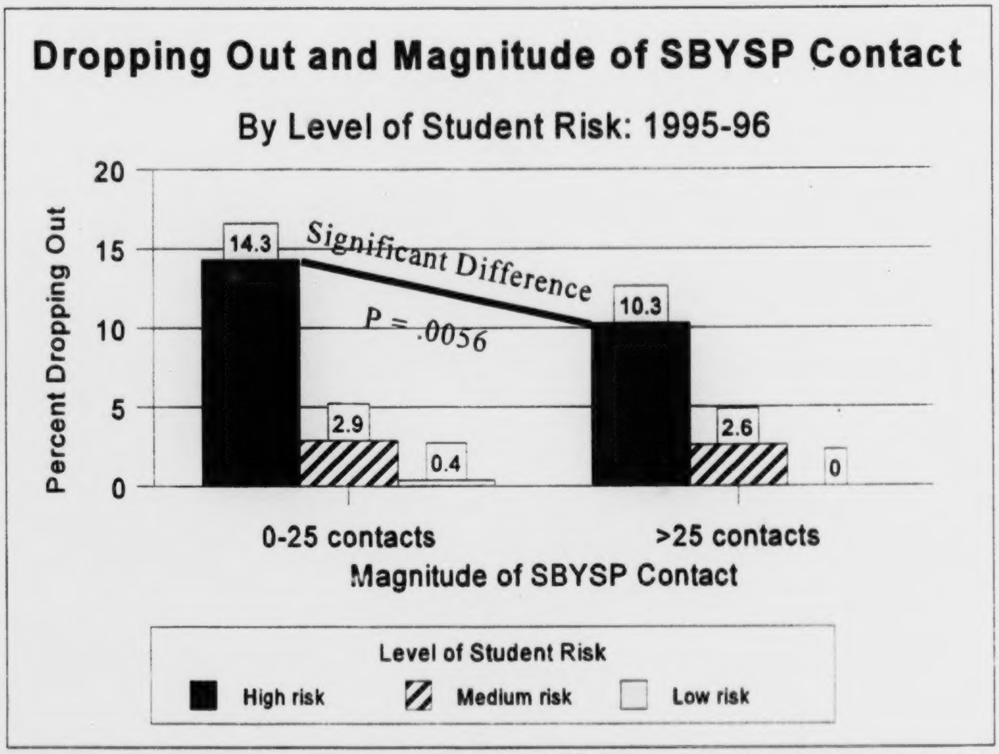

Figure 6: Dropping out of school by magnitude of SBYSP contact: (i) 0-25 contacts and (ii) greater than 25 contacts (re-enrollees excluded from "dropouts").

One interpretation of the data illustrated in Figure 6 is that, in terms of keeping young people in school, *the SBYSP is helping the most at-risk students the most*—high risk students with more program contacts have significantly lower dropout rates. In contrast, among the lower risk groups, students with more contacts do *not* have significantly lower dropout rates.

To some extent, the result for the high risk students may be due to the fact that students who stay in school have more time to access more services than those who drop out. Students who are high risk may be more likely to avail themselves of such opportunities. As Senge (1990) states, "... every influence is both *cause* and *effect*."Moreover, in some cases other programs could be positively impacting the high risk students to stay in school. Our perspective is program *effectiveness*, with a focus on assessing outcomes—not trying to demonstrate cause-and-effect relationships (Martin & Kettner, 1996). With this perspective, achieving the *outcome* for high risk students of a lower dropout rate (for those receiving more services) is taken as an indicator of program effectiveness. Whether this result is produced by (1) the SBYSP influencing the high risk student to stay in school or (2) high risk students who stay in school due to other programs in the

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statistical theory, the Mantel-Haenszel test should not be applied using site as a control variable with these data. Thus, the data were analyzed by pooling across sites and computing a Pearson chi-square using the totals for the 18 sites.

school or community, who are then able to access more SBYSP program services (in turn, perhaps, further influencing them to stay in school) is somewhat academic. The bottom line is (1) the dropout rate for students in the SBYSP decreased significantly from 7.4% in 1994-95 to 6.2% in 1995-96 (P=.0165, exact), (2) the median dropout rate for schools served decreased somewhat from 5.3% in 1994-95 to 4.75% in 1995-96, and (3) the spread or range in the dropout rates in schools served by the local SBYSPs substantially decreased, with fewer very high (or very low) dropout rates.[12]

Student Outcomes Based on Surveys: Student and Parent Perceptions of Student Progress

The student and parent surveys for assessing (a) perceptions of student progress and (b) customer satisfaction were administered in the spring of 1996. The numbers of elementary, middle, and high school students, and parents who participated in the survey are as follows:

- elementary school: n = 107
- middle school: n = 139
- high school: n = 135
- parents: n = 226

These samples were to be drawn by selecting a random start between 1 and 20, and then every 20th student from a list of participants sorted by grade, risk, and number of contacts. Only those with at least five contacts with the SBYSP were included in this frame. One site was unable to follow this procedure due to the lateness of the mailout of the surveys and the specific nature of their program. They over-sampled elementary students and under-sampled their middle school and high school students somewhat. Thus, the sample may not represent the population of participants as well as had been anticipated. (Procedures were put in place to insure adherence to the sampling procedures in 1996-97.)

Dropouts were also surveyed, but only two were obtained due to (a) the low number of dropouts in the sample frame (SBYSP participants with a minimum of five contacts with the program) and (b) the difficulty in eliciting a response from these youth. These data were not reported due to the small number of completed surveys.

A simplified format was used in 1994-95 and again in 1995-96. For example, the following was used to assess the outcome "the student likes school (more now)":

QUESTION: Do you like school?

(A) More now than before
(B) Yes
(C) No

In 1993-94, this outcome was assessed using the following:

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[12] It may be noted that the dropout rate among program participants (6.2%) exceeds the median dropout rate among schools served in the 18 sites. Although the SBYSP is open to all students, it serves a disproportionate number of at-risk students. In fact, nearly half (47.4%) of the students participating in the SBYSP in 1995-96 were classified as medium or high risk. (See Table 1, p. 5.) Since dropping out of school is one of the risk factors, it should not be surprising that the program dropout rate exceeds that of schools served. The key is that both of these rates were lower in 1995-96 than in the previous year.

QUESTION: I like school ...

(A) more now
(B) less now
(C) the same as before (like it)
(D) the same as before (do NOT like it)

The stem in the 1993-94 survey question ("I like school ...") was changed from an incomplete sentence to a question ("Do you like school?") and the number of choices was reduced from four (or sometimes, five) to three. The 1995-96 survey instruments are presented in Appendixes D-G.

The results of the survey are summarized in Table 1 and, in more detail, in the table in Appendix I. "Positive assessment" refers to responses to a survey question that indicate either (a) improvement or (b) affirmation (no change in status) regarding the desired outcome. For example, in the question on liking school, positive assessment corresponds to (a) answer choice A ("More now than before") indicating improvement and (b) answer choice B ("Yes") implying affirmation and no change on the desired outcome (liking school). These questions are unbalanced in the sense that there are two "positive" choices and only one "negative" choice—answer choice C or "No" in the above example. In the 1993-94 survey, the questions were balanced, with two positive and two negative choices, except for a few in which this was not possible or appropriate.

Attainment of a survey outcome by a group (e.g., high school students) occurs when the percent of the group providing positive assessments on the corresponding survey question exceeds a certain pre-defined criterion, e.g., 75%. Intuitively, we should get attainment on more survey questions of the unbalanced type, since there is a higher proportion of positive choices in those questions. In fact, this was observed in the high school, middle school, and parent surveys—using the attainment criterion of 75%. Treating this as "stratified data" (by survey type—high school, middle school, and parent), the differences in the percentages of questions on which attainment (75%) was reached in the 1993-94 and 1994-95 surveys were greater than would have been expected by chance (P = .0326, one-sided, exact) and these differences were in the hypothesized direction.[13]

In contrast, if the 80% attainment criterion is used with the unbalanced 1994-95 and 1995-96 survey questions, one obtains the results presented in Table 2.

Table 2: Frequency data on number of questions on which the criteria were (or were not) met in 1993-94, 1994-95, and 1995-96 surveys

	1993-94 75% Criterion	**1994-95 80% Criterion**	**1995-96 80% Criterion**
High school survey:			
Number (%) of questions on which the group did *not* attain the outcome (criterion not met)	7 (20.59%)	7 (20.59%)	9 (26.47%)
Number (%) of questions on which the group attained the outcome (criterion met)	27 (79.41%)	27 (79.41%)	25 (73.53%)

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[13] The alternative hypothesis is that there is a *greater* proportion of questions that meet the criterion of 75% in 1994-95 (unbalanced questions) than in 1993-94 (balanced questions). This is a "one-sided" or directional hypothesis, as indicated in the statement of the P-value.

	1993-94 75% Criterion	1994-95 80% Criterion	1995-96 80% Criterion
Middle school survey:			
Number (%) of questions on which the group did *not* attain the outcome (criterion not met)	6 (21.43%)	4 (14.29%)	5 (17.86%)
Number (%) of questions on which the group attained the outcome (criterion met)	22 (78.57%)	24 (85.71%)	23 (82.14%)
Parent survey:			
Number (%) of questions on which the group did *not* attain the outcome (criterion not met)	6 (17.65%)	8 (23.53%)	6 (17.65%)
Number (%) of questions on which the group attained the outcome (criterion met)	28 (82.35%)	26 (76.47%)	28 (82.35%)

Treating this as "stratified data" (by survey type—high school, middle school, and parent), the differences in the percentages over the three years were *not* statistically significant (P>.05).[14] Thus, "raising the bar" (criterion) to 80% appears to effectively compensate for the lack of balance in the positive and negative answer choices in the survey questions.

In the table in Appendix I, the unshaded questions are those that yielded attainment (80% or higher providing positive assessments) among at least 50% of the groups surveyed. These questions addressed high priority outcomes—performance, attendance, and desire to achieve in school; lessened use (or non-use) of drugs and alcohol; not engaging in unsafe sex; self-esteem; desire to stay in school and to graduate; ability to get a job; attending a technical school or college (after graduation); getting along with others; working with others; making their own decisions; and promptness.

Questions on which more than 50% of SBYSP participant groups surveyed yielded *non*-attainment (under 80% providing positive assessments) include the outcomes of setting goals for the future, attitude toward school, non-use of tobacco, helping the community, getting into the military, not worrying, and selection of career interest.[15] Except for setting goals and non-use of tobacco, these outcomes were also not attained in 1994-95, after re-scoring the data using an 80% criterion for attainment. Outcomes such as (positive) attitude toward school, non-use of tobacco, not worrying, and selection of career interest may be very difficult to achieve in a single year of participation in the SBYSP. However, *the increase in the self-reported use of tobacco among middle school students may indicate a need for more intervention in this area*—26.2% said "Yes," they were using tobacco, compared with only 8.1% in 1994-95—a statistically significant increase (P=.0004, exact).

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[14] The alternative hypothesis is that there is an increasing or decreasing trend in the proportion of questions that meet the criterion (75% in 1993-94 and 80% in 1994-95 and 1995-96) over years. This is a "two-sided" or nondirectional hypothesis, which is assumed unless otherwise indicated in the P-value statement.

[15] If only two groups were surveyed on a question (e.g., the question about getting a job), this means that *both* must have a percentage of positive assessment of less than 80% to be classified as *not* attaining the objective measured by the question.

Student outcomes which had the greatest frequency of responses indicating *improvement* were:

- performance in school (elementary, middle, and high school students and parents assessing child)
- setting goals for the future (middle school students)
- career interest (elementary school students)

The above include high priority outcomes relate to academic performance and future productivity.

In addition to the multiple-choice questions, two checklist-type questions were asked of middle and high school students:

1. Think about your health and how you have done in school this past year. Check one or more of the following *if* **they are true for you and helped you to do better in school**.
2. Think about your involvement in work and career training this past year. Check one or more of the following *if* **they helped you to do better in school**.

The first statement was followed by a list of health treatments or regimens (e.g., eating better, more nutritious foods); the second by employment/training methods or processes (e.g., learning about careers). Respondents were to check as many as they felt applied and/or write in their own answer under "other."

The most frequently checked responses to the statement on health and doing better in school, among high school students, were the following:

(1) having a positive attitude

(2) getting enough rest and sleep

(3) worrying less

(4) stress management

(5) eating better, more nutritious foods

(6) getting regular exercise

(7) reducing the use of, or not using, drugs

Middle school students also selected "having a positive attitude" most frequently, followed by the above treatments/regimens, albeit in a slightly different order of frequency. In addition, they frequently selected "reducing the use of, or not using, alcohol" and "reducing the use of, or not using, tobacco."

The most frequently checked responses to the statement on work and career training activities and doing better in school, among high school students, were the following:

(1) setting goals for the future

(2) learning the importance of promptness

(3) learning the importance of attendance

(4) helping others

(5) working with others on a team

(6) learning about careers

(7) getting a job

Middle school students also selected the above methods/processes, but in slightly different order. ("Setting goals for the future" was most frequently selected in both grade levels.)[16]

Finally, a computerized version of the survey was administered to a small number of students as an experiment in 1995-96. This program was written in *HyperCard* for Macintosh computers as part of the FINE Foundation research project in 1994-95. Some problems with data collection were uncovered in this program. Since the data collection *medium* was somewhat different, and few sites took advantage of this option, these computerized survey results were not included with the paper and pencil survey data. They are available on diskette to interested readers.

Student and Parent Satisfaction with SBYSP Implementation

Deming (1993) pointed out that customers are actually *part of* the system which is providing them with products or services. An example is education, in which the teacher (service provider) and the student and parent (the primary customers) have *joint responsibility* in the learning process. In this view, feedback from "customers" of the **SCHOOL-BASED YOUTH SERVICES PROGRAM**—the students and parents served—is considered essential to program development and improvement.

A variety of formats were used to assess customer satisfaction with process (delivery of services). Eleven customer satisfaction questions were included in Section 4 of the middle and high school surveys. The first ten questions were written in a multiple-choice format, providing the student with four possible responses—"Yes," "Sometimes," "No," and "Does not apply to me." The parents were asked a single structured question in the customer satisfaction section—how they would rate their experience with the SBYSP (from very positive to very negative). Their answering this question was conditional on their response to a preceding question indicating that they had, in fact, used the SBYSP services at least once during the year.

The last type of question in the customer satisfaction section of the middle school, high school, and out-of-school instruments, and the only one in this section of the elementary student survey, was an open-ended question:

"What could the SBYSP do to help you more?"

This question allowed the students and parents to communicate anything that they felt the SBYSP was doing wrong or should be doing, that was not covered in the multiple-choice questions. The variety of formats used to assess customer satisfaction allowed for maximum input using a written response technique.

Excluding the "Does not apply to me" responses and the omits, the percentage of positive ("Yes") responses to the customer satisfaction questions is presented in Figure 7. The 75% value was exceeded on all questions except "understanding feelings," "preaching about problems," "helping solve problems" and "answering questions" for both student groups and "talking down" for middle school students. Most parents (just over 97%) gave the SBYSP positive or very positive ratings. These results were all quite similar to those of the 1994-95 year-end report, except for a slight reduction the in the percentage of positive responses for "understanding feelings" in both groups and "talking down" among middle school students (Veale & Morley, 1996).[17]

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[16] The results from these two checklist questions were highly consistent with the results on these questions from the 1994-95 survey, except that "working with others on a team" was most frequently selected by middle school students last year.

Elementary students provided the following responses to the open-ended question on what the SBYSP could do to help them more: tutoring, have the center open to 4-6 (P.M.), help them to get along with family members, talking with them, more activities, help with spelling, help with their attitude and friends, and to help them "get a better education."

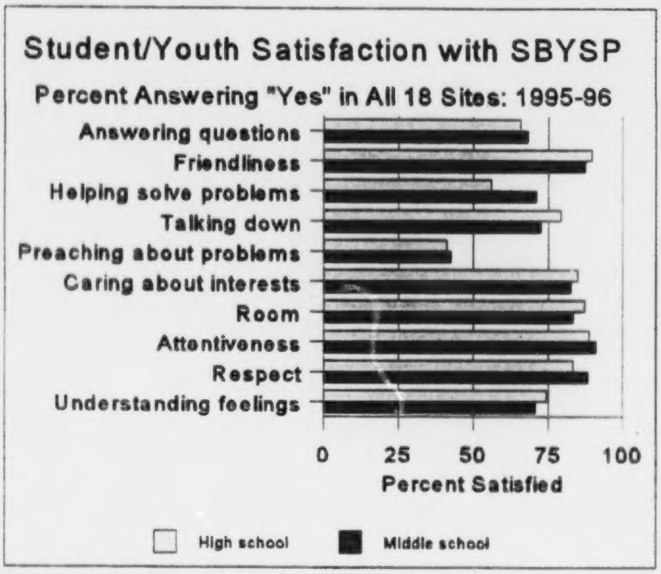

Figure 7: Student satisfaction with the SBYSP.

Excluding the "Does not apply to me" responses and the omits, significant gender differences among middle school students in the SBYSP were evident only on Question 6 of Section 4 (P=.0121, exact). This question ("preaching to me") was answered more positively by females. Marginally significant gender differences among middle school students were evident in Question 8 (.05<P<.10). This question ("helping to solve problems") was answered more positively by males. Among high school students, there were no significant gender differences on these questions. However, marginally significant gender differences were evident in Question 1 (.05<P<.10), with females answering the question on "understanding feelings" slightly more positively. The pattern of significant gender differences on one or two questions at the middle school level and none at the high school level was also observed in 1994-95.

No significant or marginally significant ethnic differences were observed in either the middle school or high school students' responses to the questions on customer satisfaction (P>.10). This is in marked contrast to the results for 1994-95, where significant differences were observed in six of the 10 items at the middle school level. (The number of responses among parents was insufficient for gender or ethnic breakdown and analysis.)

These results provided evidence of (a) customer satisfaction with services in most areas assessed and (b) improvement in service delivery with regard to gender and cultural sensitivity, from the perspective of the customer (student). However, "preaching" remains a problem area, especially for male students in middle schools.

Student and Parent Satisfaction with the Survey Instrument

In Section 6 of the surveys for parents and elementary students and Section 7 of the surveys for high school students and middle school students, the "customers" involved in the SBYSP were asked the following three questions regarding how they felt about the survey:

1. Was it easy to complete?

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[17] If the "Sometimes" responses are added to the "Yes" responses, all questions except the one dealing with "preaching" have percentages of positive response that exceed 75%, for both student groups.

2. Were the questions clear?

3. About how long did it take you to complete it?

The first two were structured choice questions (with "Yes" or "No" options); the third question required a written response (in minutes). In previous years, the percentages of favorable responses regarding the first two survey questions were sufficiently high for all groups except elementary school students. **SCHOOL-BASED YOUTH SERVICES PROGRAM** staff indicated that these instruments were too difficult for many elementary students. This led to the revision of all student and parent surveys in collaboration with elementary school and other program staff in 1994-95. In 1995-96, the percentages of favorable responses to the first two survey questions were over 85% for all student and parent groups.

The average length of time taken to complete the survey was between 9 and 12 minutes. This was considerably reduced over the time taken to complete the old version of the survey in 1993-94. Moreover, the standard deviation of completion time is between 5 and 7 minutes for all student and parent groups. In 1994-95, this standard deviation was as high as 23 minutes. A few students indicated that they took 40-45 minutes to complete the survey. It may still be very difficult for some students, e.g., those in special education.

The Human Dimension: Case Studies and Selected Responses to Open-Ended Survey Questions

Statistics, however illuminating and precise, do not tell the full story of the SBYSP. This report would not be complete without documenting some of the many success stories of individuals served by this program. These stories were supplied by the project managers, case managers and other program staff, and the students themselves. These case studies provided powerful, qualitative "educational/social/behavioral pictures" of the impact of the program on the lives of students and their families—the human dimension. Some of these are taken over a period of more than one year, providing qualitative longitudinal data on the impact of the SBYSP on youth and families. In addition, responses to the open-ended questions provide qualitative data on program impact and how the program could be improved.

1. Case Studies: "Educational/Social/Behavioral Pictures" of Program Impact

The following case studies were selected from those submitted by each of the 18 SBYSP sites as part of their year-end reporting for 1995-96. The authors felt that they best represented what the SBYSP is trying to accomplish in terms of (1) providing services to students and their families through collaboration between the school and the community and (2) producing desirable outcomes for the student and her/his family.[18] Particular attention was given to those case studies that provided evidence of long-term growth through involvement with the SBYSP.

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Clinton SBYSP (PEAK Program): A Study in Health Care Delivery

This case study involves an 11 year-old female with a diagnosis of Cystic Fibrosis. In April of 1995, the neighborhood nurse with School-Based Youth Services made the initial home visit on this case. There had been a history of non-compliance with the biological mother following through with the recommended plan of care. There was a problem with continual truancy at school, so in-home tutoring was begun. The child was a patient at the University of Iowa Hospitals and Clinics. Iowa City had reported that there was a high "no show" rate for this child coming to scheduled appointments. Medical difficulties which increased the complexity of this case, were that the child (1) was having a difficult time maintaining her weight due to malabsorption difficulties and (2) had asthma.

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[18] Minor editorial changes were made in some of the original stories to improve readability and flow. In some cases, sections were deleted that were considered unnecessary for the communication of the story. Names were deleted to insure confidentiality.

This child lived at home with her biological mother and stepfather. There were no other siblings in the home until June of last year, at which time her mother had a baby girl. The patient's biological father had also remarried and did not play an active role in the child's medical treatment. He would occasionally see his daughter on the weekend. However, she rarely stayed longer than a few hours because of the mother's concern about his lack of knowledge regarding how to correctly care for the child's medical needs.

The neighborhood nurse's role became critically important in this case. Iowa City staff requested the neighborhood nurse to become the liaison between the hospital team, school staff, and the family. On numerous occasions, the neighborhood nurse met with school officials as well as Iowa City staff to discuss, develop, and implement a care plan that could be followed by the family. This was also done in cooperation with the local hospital physical therapy department.

Even with the excellent teamwork that was observed among the various agencies, there still were times when there was some frustration due to family issues ... Because of these difficulties, the child's primary physician believed that the child's condition was far more advanced than it needed to be. It was this physician's belief that if she would have had more intervention from the parents, with activities that would have increased her lung capacity, she would have been in far better physical condition.

Because of the variety of medical consideration for this child, the School-Based Youth Services Program was able to tie in with other agencies and help oversee the family's level of compliance and report to the essential service providers quickly. Also, because of the school-based programming, we were able to include the mother more often as part of decision-making as to the child's plan of care. It was this inclusion and involvement with the child's mother that made a large difference in the mother's attitude and cooperation on the necessary treatment and care plan. As mother began to feel like a team player, she became more vocal, more cooperative, and seemed less depressed. Even the child's school attendance improved which was a major goal that the University of Iowa hospitals had emphasized. Also, the child's father became much more involved and began coming to the school occasionally, just to check in to see how his daughter was doing.

Due to the child's need for gastrostomy feedings, inhaled antibiotics, and other varied respiratory treatments and medications, the increased level of communication and cooperation from the child's mother enhanced the capability of all concerned to provide the best possible care for this child. Compliance was greatly improved and the child was no longer missing scheduled visits to the hospital.

Due to this child's advanced disease, she died in March of this year. Although this story did not end happily, many positive things came out of our interventions. Following the child's death, her entire fourth grade class had a "bowl-a-thon" to raise money for Cystic Fibrosis research in Iowa. Because of the School-Based Youth Services Program, we were able to assist with the coordination of these efforts. The money that was raised by the school, children, and staff was so impressive, that the American Lung Association contacted the neighborhood nurse to give special thanks to the efforts that were displayed by everyone ... The child's mother is certainly dealing with her grief (and) continues to be more open with service providers. She has shared with service providers that she plans to continue with fund raising for (Cystic Fibrosis) in Iowa.

The neighborhood nurse has continued to be a support system for the family. For example, the mother called recently and asked the neighborhood nurse about job interviewing skills. The neighborhood nurse has been able to continue to assist the family explore options for dealing with their grief and has often been available just to listen as they vent their anguish over the loss of their daughter.

Davenport SBYSP (School-Based Family Service Center): A Study in Behavioral and Academic Improvement

The focus of this case study is an 11 year-old male who resides in inner city Davenport. This child was enrolled in the 6th grade in regular education classes. He had numerous problems in school and in the community. He was assaultive in school and was unmanageable in the classroom setting. Additionally, he had numerous charges for delinquent activity outside of school.

The child needed to have some stability and consistency in his life. His home life was chaotic and ... the family did not feel empowered to help him.

The Family Service Center (the SBYSP in Davenport) in cooperation with AEA (Area Education Agency), J.B. Young Intermediate School, the school psychologist, Family Resources, and Juvenile Court collaborated in an effort to serve this student. In an effort to stabilize him, many changes were made at home and school.

The student has made significant changes in school. His attendance increased and truancies decreased over the course of only one semester. His grade-point average for the first semester was 0.66; in the second semester, it rose to 2.6. He has also made some improvements at home and in the community as well. His grandmother (the guardian) reported that he spends more time at home and is more open to discuss his problems. He does, however, still have problems

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regarding delinquent activity, although the number of delinquent acts has been reduced. He continues to display impulsive behaviors; however, the incidents are less frequent. In an effort to reduce delinquent acts within the community, he has been placed in foster care. Since his placement, there have been no new delinquencies and his behavior at school is better.

This child appears to be functioning more effectively and with fewer disruptive behaviors as evidenced by his academic performance, as well as parent comments and observations. His family continues to have problems, especially with his mother who is a substance abuser and who provides no stability. Additional family support continues to be a goal as well as placement back into the home.

(The student's) attendance increased and truancies decreased over the course of only one semester. His grade-point average for the first semester was 0.66; in the second semester, it rose to 2.6 ... Since his (foster care) placement, there have been no new delinquencies and his behavior at school is better.

Des Moines SBYSP (SUCCESS Program): A Study Illustrating the Importance of Long-Term Involvement

This student was first involved with the SUCCESS Program as a student in middle school. Poor academic performance and high absenteeism were major concerns. The student was absent 51 days in his 8th grade year. He is an only child whose parents divorced when he was very young. The father gained custody when the mother left home. Her current location is unknown and that student has no contact with his mother. When the student completed the 8th grade, his middle school case manager made sure that he would have connections with a high school case manager.

The student is now in the 11th grade and has received services for four years. During the current school year he left home to live with an uncle due to his father's substance abuse. The uncle has been supportive in providing for the young man's basic needs and with transportation to school and employment. Bus tokens are provided through the SUCCESS Program when the uncle is unable to provide transportation.

During the 1995-96 school year, the student obtained employment at Des Moines General Hospital and learned to budget his money. He improved his school attendance from the previous school year by five days—missing only 4.5 days this year. His grade-point average increased from 1.37 to 1.7.

In spite of personal setbacks, this student is motivated to complete high school. Next school year he will continue to receive support through the SUCCESS Program and will be working towards goals beyond high school.

Dubuque SBYSP: A Study Involving Mental Health and Employment Services

This male student graduated from school this year, after many interventions on the part of the school, the mental health community, and the juvenile court system. The road to graduation included suicide attempts and arson charges, followed by many interventions which included mental health placement and therapy, special education services, and participation in a successful school-to-work program where he learned many vocational skills. Today, he has a bright future.

Marshalltown SBYSP (The Caring Connection): A Study Involving Long-Term Family and Employment Services

Problems Diagnosed and Initial Attempts to Resolve Them

Initial contact with this family began in the fall of 1994. This is a low income, single parent, raising three children. Attendance was a concern for both twin girls and a son. They were discussed at a Caring Connection Team meeting and it was decided that the Mid-Iowa Community Action (MICA) Family Development Specialist (FDS) would complete a home visit. This was done but at this visit the family was not open to receiving help and declined services.

The children continued to have attendance problems. The Caring Connection Program Director then made contact with the mother and she agreed to receiving a ride to Marshalltown High School for a meeting. They had indicated that they needed a ride because they had transportation problems.

At this meeting some of the Caring Connection staff and a high school administrator met with the mother and two daughters. School schedules, truancy, and social concerns were discussed. As a result of expressed needs, the two girls' schedules were modified. One of the girls was referred to the Caring Connection Mental Health Counselor, and bus passes were provided for the girls so they could catch a ride to and from school. Although these modifications, services, and referrals were made, the family was reluctant to follow through with the plan. The FDS and program director continued to make contact with the girls and mother, but little change occurred in their attendance.

A multi-disciplinary team meeting was called by the Department of Human Services in collaboration with the Caring Connection. During this meeting, it was reported that the mother was being treated by a psychiatrist for a personality and bi-polar disorder. One daughter ("Twin #1") had been hospitalized for an overdose in the past. All three children were not attending school and problems with the law persisted for all family members, including the mother.

A decision at the multi-disciplinary meeting relative to this family was to continue pursuing truancy charges and continue to make services available for the family. During October through December the FDS continued to attempt to meet with the family and did complete visits on a couple of occasions. The girl's attendance remained very sporadic. Both girls eventually failed all of their first semester classes because of poor attendance.

A Second Series of Interventions with a New Specialist

When second semester began, the girls did not return to classes. At the end of January there was a transition from one MICA FDS to another FDS within the same agency. When the new FDS began she was asked to make a home visit with this family and try again to get them back to school. It was also at a time when truancy charges were being pursued. When this family was approached this time, they were ready to receive services and return to school. (They did not appear interested in receiving help prior to this.)

The new FDS met first with the mom and gained her support in getting the girls back in school. The *joining process* is the critical step in gaining the confidence of the family so they are willing to be honest with you about their issues. They began by looking at the positives and listing the strengths of each family member. They also discussed what the mother wanted for her children. This led into listing barriers to achieving these goals and looking at what the family was willing to work on or change to make these things happen. This in turn led to gaining a commitment from the family, filling out plan sheets, and letting the family know what they could receive by being a part of the partnership in making progress. The idea of partnership was stressed to the family at this time. The responsibility of making progress was placed on the family. It was understood they would have frequent contact with the FDS as a resource in helping them meet their needs. Also, it was made known to them that additional services from the Caring Connection would be available to them.

The transportation continued to be addressed by the school district supplying them with city bus tickets. The girls were taken into the counselor's office to discuss their schedules. they were scheduled into the JTPA class during first hour to help prepare them for the world of work as well as help us monitor their attendance. The two sisters were also scheduled into a "School Within a School" English 9 class. This course is team taught by a Caring Connection staff person and a regular education English teacher.

The family made a commitment to continue their work with the FDS by entering into case management. This meant that they would make regular contact with the FDS to continue to work on issues so the children could be successful. The follow-up was done immediately. The FDS sent notes to the girls in class to give them positive support and feedback on being in school. An attendance contract was signed right away to give them incentive to get them back on track. This contract worked and the girls and their mother were taken out for pizza. This was a success for the mother as well since previously she would call in for the girls even when it was not appropriate. The relationship and trust between the FDS and the family continued to grow. This was essential to keep the family engaged in working on issues and barriers. The girls began writing plan sheets bi-weekly to keep focused. Some goals addressed schoolwork and other plans were more personal regarding behavior. The mother kept her appointments for home visits and because of her mental disabilities required a lot of prompting from the FDS to follow through with her own objectives. The mother currently is applying for SSI and is working on other issues. The family continues to receive counseling and mom continues to take medication pertaining to her mental illness.

Twin #1 was three months pregnant when she returned to school. She was told about the Positive Parenting class available at the high school through the Caring Connection and she enrolled in that class. She was also directed to other services available in the community by the FDS and Teen Parent Coordinator. Some of these programs include the Women, Infants and Children (WIC) program and Maternal Health Care.

In listing strengths with the mother at a home visit, Twin #2 was identified as having strong leadership skills. With the help of the FDS and JTPA, she was enrolled in a youth leadership group where she remains active.

To date, this family continues regular contact with the FDS and JTPA, as well as other Caring Connection staff. Twin #2 is preparing to take a summer school class to help her catch up on credits missed first semester. Twin #1 is preparing for the birth of her baby. The son will continue working on home schooling through the summer in hopes to complete enough work to be passed on to the next grade level by fall. The mother is currently in the process of applying for disability.

Indications of Success

The twins experienced success during the 1995-96 school year. They utilized a variety of services throughout the year. Twin #1 was enrolled in service learning for one semester during the 1995-96 school year. She was a peer helper in an adaptive P.E. class. The supervising teacher reported that she was attentive and kind to the students. The twin indicated in her journal that she had gained respect and understanding for students with disabilities. Her attendance, however, was not as regular as it was for the other peer helpers ... When she was there, her performance was satisfactory ... and (the students and teacher) liked her very much.

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Both twins were successful participants in School Within a School classes in the fall 1995 semester. Their attitude and work was exemplary and both were positive contributors to the class. Although Twin #1 experienced some attendance problems due to child care issues, she always was mindful of her make-up responsibilities. She sought out the School Within a School teacher for her work and got it done. Twin #2 demonstrated nearly perfect attendance and did thorough work throughout the semester.

Twin #2 has made tremendous progress this school year in academics, attendance, and in future plans. Academically, she made the honor roll for the first time ever first semester ... In attendance, she reduced her absences to 13 days this school year—a dramatic decrease in absenteeism ... There were days when everyone else in her home slept in, but she woke up and got off to school alone.

Twin #2 has made tremendous progress this school year in academics, attendance, and in future plans. Academically, she made the honor roll for the first time ever first semester. She was very proud of this and continued to work hard on her studies during the second semester. In attendance, she reduced her absences to 13 days this school year—a dramatic decrease in absenteeism ... There were days when everyone else in her home slept in, but she woke up and got off to school alone.

During this school year, Twin #2 was taken off probation and completed her community service hours by volunteering at the local hospital. She continues to work hard to prepare herself for college. She was a member of a leadership group where she looked at her values, her dreams, and herself. She continues to learn about the many strengths she has and how to build upon them. She was the one that assisted the FDS in seeking funds for rent when they had no money to pay the landlord.

Twin #1 has had more challenges since she is now a parent. Child care was a barrier at one time. In working with Promise Jobs, she was able to write her own Family Investment Agreement (FIA) which then provided her with funds for child care. She also improved academically, making the honor roll for the first time first semester. Due to her and her child's illnesses she has missed more school than her sister, but has done very well compared to her attendance last year.

This past year, Twin #1 has developed strong problem-solving skills. She has demonstrated this by talking through situations and looking at different options and consequences for the choices she has made ... In addition, she has long-term goals which include attending college and the police academy and to go into civil service.

This past year, Twin #1 has developed strong problem-solving skills. She has demonstrated this by talking through situations and looking at different options and consequences for the choices she has made. She strives to do her best so she can be the parent she wants to be for her daughter. In addition, she has long-term goals which include attending college and the police academy and to go into civil service.

These two young women (the twins) have overcome some very strong barriers this past school year. They were homeless for several months during the school year, but they overcame those barriers and others to become very successful.

Oelwein SBYSP (Huskies Hub Center): A Study Involving Human Services

This case study is based on a single parent family in the Oelwein Community with a total of seven children, five of whom attend school in the Oelwein School District. Two of the children are middle school age, three attend elementary school, an additional child was removed from the home due to allegations of abuse, and one child is not yet of school age. This family has had a long history of involvement with the Department of Human Services, social service agencies, and the legal system.

During the 1995-96 school year, the family underwent a great deal of stress due to the possibility that the remaining children might be removed from the home. The behavior exhibited by the children at school included frequent (almost daily) tardiness, incomplete and missing schoolwork, academic achievement that was extremely below ability, social isolation and withdrawal, and signs of depression.

In order to coordinate the efforts made by various service providers in helping this family remain intact and improve their functioning, monthly meetings were scheduled at the elementary school. Those attending on a regular basis included the mother, DHS social worker, in-home family therapist, elementary school counselor, and the family/school counselor. At each meeting, the progress of each child was reviewed, concerns were noted, and possible solutions developed. Goals for the family were reviewed and the school personnel were updated on the family's standing within the legal system.

Throughout the year, the family maintained good progress. The mother was able to secure a job and has been working regularly. All of the children dramatically reduced their number of tardies and maintained excellent attendance. The children passed their classes and some excelled in their academic work. Furthermore, they became involved in activities such as band and computer courses, softball, swimming, and other SBYSP activities.

It is believed that the coordination of multiple school staff and community service providers contributed to the progress of this family. Improved communication enabled staff and service providers to address potential problems early and to avoid duplication and gaps in service delivery. This model has proven to be effective in addressing the needs of the family as well as those working with them, which is one of the main goals of the SBYSP.

South Tama County SBYSP (The Partnership Center): A Study Involving a Family Tragedy and Working to Overcome It through Cooperative Services

We began working with a low income family on basic needs after they suffered two tragedies—the mother was in an automobile accident and was in the hospital; her daughter, who had come home to visit her mother, was then killed in a motorcycle accident. (We had worked with this daughter in the past when she was in high school, providing individual counseling and substance abuse early intervention classes.) The father, suffering from a job-related injury and unable to work, was reapplying for SSI, but currently was not covered. The mother had lost her job just before the accident. With all of the hospital and funeral expenses, the family was destitute.

The Partnership Center contacted the Clothes Closet, Eastern Star, and the Community Women of Today and found some winter clothing for the children. The Center also contacted Menards, who gave us a discount on a good steel door for the family's front entrance; Eastern Star, which provided $100 for the door; and Kiwanis, which provided the manpower to put it in. The family was encouraged and followed through in contacting DHS (food stamps, Title XIX, ADS), Mid-Iowa Community Action or MICA (food shelf and energy assistance), and County Relief (immediate help with heating and electric bills).

The Partnership Center also helped the family's 12 year-old, 6th grade son. We had coordinated his referral to the Mental Health Clinic in the past for medication for ADHD. Now, because of his behaviors, he had been suspended from riding the school bus. However, the family had difficulty in getting their old car started on the cold winter mornings to take him to school. Therefore, the secondary school coordinator provided transportation four or five mornings each week. The family then picked him up after school ... when it was warmer and they had a chance to work on (the car). Eventually, the son was able to work his way back onto the bus. To help him during this time, he received mental health counseling, referred through the Partnership Center. He developed a good rapport with the counselor and did some grief work around the loss of his sister. His behavior in school gradually improved, and he was able to complete the school year successfully on a reduced schedule.

A referral was also made to a community grief support group. Although the family did not take advantage of this, the 13 year-old daughter did attend a grief group at the middle school. The Partnership Center also referred the family to MICA's Adopt-A-Family Program. Through this program, they received Christmas presents for the whole family and food for a Christmas dinner.

We continued to offer support to the family after their financial situation stabilized. The son was nominated by the Center to attend the Sheriff's Camp at Boone and was selected to go. This spring, the 13 year-old 7th grade daughter was caught sniffing rubber cement with some other students on a sports bus and was given an assessment and early intervention classes at the Partnership Center through our contract with Covenant Medical Center. Because of the family's financial situation, South Tama paid the cost of the classes for her.

The family appears to have stabilized, although concern has recently been expressed that the parents may not have worked through their grief ... Continued support will be needed. A good rapport has been developed with this family and follow-up and monitoring will continue.

Washington SBYSP (The ASSURE Center): A Study in Alternative Education and Adult Probation Services

This student is a 20 year-old graduating senior who joined the alternative school in the 1993-94 academic year after dropping out of the regular high school. He had moved to Washington from a large southwestern city. Prior to his move to Iowa, this student had dropped out of school and was affiliated with two area gangs. He was engaged in substance abuse and violent delinquent behavior. In 1993, he moved several times and came to reside with his father in Washington at the age of 18. This young man and his father experienced a great deal of conflict in their relationship resulting in the student's leaving home for extended periods on two occasions.

The young man initially enrolled in the high school but dropped out. He is continuing to abuse substances at this time. He began attending the alternative school in the fall of 1994. At the time of his entrance in the alternative setting, the student was on probation. Since his entrance into the alternative school he has complied with most of the requirements of adult probation, but did engage in an act of vandalism shortly after entering the program. His reported use of substances has decreased significantly since his entrance into this program. He and his father have both participated in programming provided by SBYSP staff to assist them with addressing their conflicts and communication problems.

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Both indicate that these problems have diminished with the youth feeling a greater sense of belonging and responsibility than ever before. He made steady progress academically leading up to his graduation this year.

Throughout the student's attendance at the alternative school, the adult probation officer has been closely monitoring his progress and actively participated in ongoing planning. Alternative school staff, SBYSP staff, adult probation, vocational rehabilitation, and the Area Education Agency (AEA) assisted him in career planning and exploration. He participated in career exploration activities such as testing and job shadowing, provided by vocational rehabilitation and the AEA, and coordinated by SBYSP.

At the time of his graduation, this young man stated he was remaining substance free and was recognized by the school as the most improved student. He is planning to attend a community college this coming fall to gain technical and professional skills for the career he has chosen.

At the time of his graduation, this young man stated he was remaining substance free and was recognized by the school as the most improved student. He is planning to attend a community college this coming fall to gain technical and professional skills for the career he has chosen.

Western Dubuque SBYSP (FRIENDS): A Study Involving Alcoholics Anonymous and Dropout Prevention

This young man was a sophomore this year and the outcome of this year was much more successful than last year. At the end of his freshman year, he had a 0.901 GPA and had missed 25 days of school. He refused to show up for some of his second semester exams, thus losing credit for classes. As a freshman, he was in the Special Needs program for a learning disability. In addition, he is an alcoholic needing help.

The student convinced his mom and Special Needs roster teacher to exit him from that program at the beginning of his sophomore year. He was then enrolled in the dropout prevention class. During the year, he received support and structure from his teacher. In addition, the teacher continued to urge him to receive outside agency services, such as Alcoholics Anonymous. He stayed in school and completed all of his final exams. He passed all of his classes second semester and earned a 1.941 GPA. He missed a total of 16.5 days (8.5 days fewer than in the previous year). As a result, he is currently enjoying his summer being eligible for school sports. He is a successful baseball player, which is good for his health and mental well-being.

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The above stories illustrate the importance of intensive and extended contact with the student and her/his family in order to realize successful outcomes. For example, both the Des Moines and Marshalltown case studies illustrated the need for long-term involvement with students and families. Both illustrate the fact that, with the most seriously at-risk students and families, *things often get worse before they get better*. Longitudinal analysis is critical to understanding the true impact of the SBYSP on students and families.

These two studies also illustrate the importance of working with the family as a unit, within a case management approach. Other studies that focused on the family were those of Clinton, Davenport, Oelwein, and South Tama County. All studies cited here clearly indicated outcomes that were achieved—some qualitative (e.g., remaining substance free), others quantitative (e.g., improvement in GPA or attendance).

2. Responses of Students and Parents to Open-Ended Questions:

How Students Improved, Who Helped Them, and What Problems Remain

Another way to assess the human dimension is through open-ended survey questions:

1. List one or two ways in which you feel that you have done better this year.
2. Who or what helped you to do better?
3. List one or two things that you are still having trouble with in school or in your life.

Students and their parents indicated *in their own words* how they (the students) improved, who helped them to improve, and what problems remained for them. Student responses to the question on how they have improved included the following:

Elementary school students:

"Get along better with friends."

"Taking care of myself better."

"Trying harder" and "Not giving up."

"Homework is in on time."

"Playing with others."

"Doing better at paying attention" and "Doing better in reading."

"My hearing (is) better."

Middle school students:

"Met a new teacher and now he is my friend."

"Come on time more."

"Asking for help when I need it."

"Not getting in trouble with the law."

"I have (gotten) out of smoking" and "I don't have bad grades anymore."

"Made honor roll."

"I'm never late for school anymore."

"I enjoy math more" and "I enjoy school more."

"Not attempting suicide" and "Staying out of the gang."

High school students:

"Haven't had any arguments or fights."

"I have accomplished most of my short-term goals."

"I help people at my church."

"I've resisted the temptations to drink (alcohol)."

"I've gotten more involved in after-school activities."

"Handing in homework on time now."

"I have stopped smoking weed (marijuana) completely."

"My grades went from Cs and Ds to As and Bs."

"More confidence I can do something" and "Eat healthier."

"I'm happier."

Parent responses to the question of how their children improved included the following:

"His temper isn't so bad."

"He has something to look forward to each day."

"He's learning to stay away from potential trouble."

"Doing better with personal hygiene."

"Understands the consequences of using drugs."

"Grades have greatly improved."

"Weight (control) and eating properly."

"Work and study habits. Self-confidence has improved."

"Conscientious about keeping appointments (and being) on time."

"Finding his true interest and going for it."

"Ability to verbalize ... problems."

"Shows interest in attending college."

"He feels better about what others think."

"On task more with his school work."

"Respect for people of authority."

"Tolerance of her younger siblings."

"Understands consequences for actions."

"Learning faster."

"Much more patience."

"A beautiful smile."

Student responses to the question on who helped them included references to teachers, parents, counselors, coaches, mentors, probation officers, Job Corps, "the program," specific (named) individuals and the following:

"Having a normal family."

"My brain."

"My support class."

"Getting kicked out."

"Faith in God."

"Court."

Parent responses to this question included the following:

"Family, counselor, lots of love, working with her more at home, dad, and grandpa."

"Setting goals."

"Reading partners" and "'Read and Feed' days."

"Family is back together."

"Being involved in job exploration has given him more responsibility."

"Mental health clinic."

"Group therapy."

"Ritalin prescription."

"Gymnastics."

Student responses to the question on what they are still having trouble with in school and in their lives included making friends, following directions, getting into fights, family conflicts, dealing with stress, smoking, drugs, gangs, boyfriend/girlfriend relationships, listening, arguing, procrastinating, low self-esteem, getting up in the morning, adjusting to different teachers' methods, getting along with teachers, dealing with death, and trying to get through school (while) pregnant. Parents indicated that their children were still having trouble with responsibilities at home, accepting help from teachers, degrading remarks from teachers, worrying about negative peer pressure, accepting criticism, short attention span, motivation, child support, meeting needs, dealing with disappointment, seeing the value of school, having a goal in life, and dealing with anger over the father leaving.

The student and parent quotes regarding how the student improved reflect progress in academic performance, behavior, productivity, independence, and self-awareness. Responses to the question about who or what helped them to improve included members of the family, school, the SBYSP, and the community, as well as individual factors (assets). It is hoped that the response to the question on things that students are still having trouble with stimulated some students or parents to (a) set specific goals for next year and (b) establish methods and timelines for meeting them.[19]

Process Outcomes: Improved Delivery of Services through Family/Parent Involvement, Coordination, Collaboration, and Use of Economic Resources

Process outcomes based on judgements of school, SBYSP, and service provider staff include the following: (1) family/parent involvement, (2) coordination of schools and agencies, (3) ability of agencies to deliver services as a result of collaboration, and (4) use of economic resources to improve employment and productivity of students. Process outcomes are important for program *management*, since it is the process that requires management for quality improvement. In contrast, the student and school outcomes discussed in previous sections, are *results* outcomes. The terms "results" and "outcomes" are often used interchangeably (e.g., Osborne & Gaebler, 1992). We have made the distinction between outcomes that are related to the process of providing services and outcomes that are related to the results of those services. One way to think of this distinction is that results outcomes are important (primarily) for *proving* the effectiveness of the program, while process outcomes are important (primarily) for *improving* the effectiveness of the program. (See Table 3.) In fact, results outcomes can also be used for program improvement, but only to the extent management is successful in encouraging staff to take risks and eliminate their fear of failure.

[Note: Management by results can produce fear among the staff, since staff members may be blamed—or *think* they may be blamed—for results that do not meet the company's or program's goals. Fear, as Deming (1986) points out, leads to wrong figures, which may in turn be used by management to produce unrealistic goals, useless slogans, and worsening quality. To counteract fear, it should be made clear to staff/team members that they will *not* be ranked or graded by these results; rather, such data should be used to (1) diagnose weaknesses or problems that require remedy and (2) highlight strengths from which others may learn, as well as (3) provide accountability to funding sources. Moreover, it is important that results data be balanced with process data, which exists solely for the twin purposes of diagnosing problems and identifying appropriate remediation.]

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[19] Local programs utilizing case management and the new *2EASY* database system have access to an "Individual/Family Plan" layout that includes categories and statements of goals and associated action plans, along with an assessment of whether each goal has been met and, if not, whether or not progress has been made thereon. In 1995-96, Des Moines was the only site using *2EASY*; in 1996-97, 10 of the 18 sites were using *2EASY* and additional sites were transitioning to it.

Table 3: Process and results outcomes

Outcomes	Function	Examples
Process	Improving effectiveness	1. Family/parent involvement 2. Coordination of schools and agencies 3. Ability of agencies to deliver services
Results	Proving effectiveness	1. Staying in school 2. GPA 3. Getting along with peers

1. Family/Parent Involvement

One of the objectives of the SBYSP is to include family and parent involvement through the system of support services provided. Parents and families play an important role in a child's education. Increasingly, over the past decade or so, both parents must work outside the home to increase family income. Moreover, there has been a steady increase in single-parent families (female householders). These families tend to be poor; often the female head-of-household must hold two jobs just to make ends meet. The number of homeless families has also increased during this period. All of these factors work against involvement of the parent in the child's education. Another factor working against family/parent involvement in education is the popular, but mistaken, notion that a child's education is *solely* the responsibility of the teacher or school. A resource guide for developing strategies to facilitate family/parent involvement in education is available from the Iowa Department of Education (1994).

SBYSP project managers were asked to judge the degree of family/parent involvement in their programs, by checking the appropriate box corresponding to the frequency with which they used the following in communicating with family/parents: (1) letters, (2) surveys, (3) phone contacts, (4) home visits, (5) newsletters, (6) in-school conferences, (7) parent workshop meetings, (8) reports of student progress, and (9) other (please list). First, the SBYSP project manager marked "Yes" or "No" indicating whether or not they used the communication component. If they checked "Yes," they were to check the appropriate box indicating whether they used it (1) weekly, (2) monthly, (3) quarterly, (4) annually, or (5) as needed.

The percentage responding "Yes" exceeded 50% on all of the specific communication modes listed, ranging from 72.2% for newsletters and 77.8% for parent workshop meetings to 94.4% for all other modes. (See Figure 8.) Most of those responding "Yes" indicated that the communication method was used "as needed," except for surveys, which over 60% said were done annually; newsletters, which over 50% said were sent out monthly; and parent workshop meetings, for which no time interval was selected by a majority of sites.

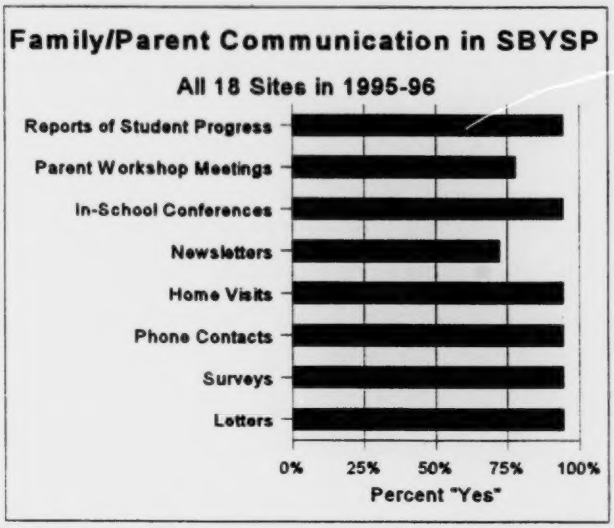

Figure 8: Family/parent communication in the SBYSP in 1995-96.

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The project managers were then asked to indicate which opportunities for family/parent involvement were provided in their programs by marking "Yes" or "No" to the following: (1) individual program planning for children, (2) family/parent counseling, (3) attendance at school affairs, (4) volunteer assistance at school, (5) assistance for students at home, (6) planning and decision-making committee participation, (7) evaluation of program, (8) classes for parents (parenting, study assistance, etc.), (9) youth opportunity fair and other activities to meet and understand support services, and (10) other (please list). If they marked "Yes," they were instructed to check the box corresponding to the frequency with which those opportunities were provided.

More than 50% of project managers indicated that they were providing such opportunities for family/parent involvement, ranging from 61.1% and 70.6% for "youth opportunity fair ..." and "classes for parents" to 94.4% for "individual program planning for children," "family/parent counseling," "attendance at school affairs." (See Figure 9.) Most indicated that these opportunities were provided "as needed," except for "evaluation of program" (more indicated "annually") and "classes for parents" ("weekly" and "as needed" tied as modal response) and "youth opportunity fair ..." (more indicated "annually").

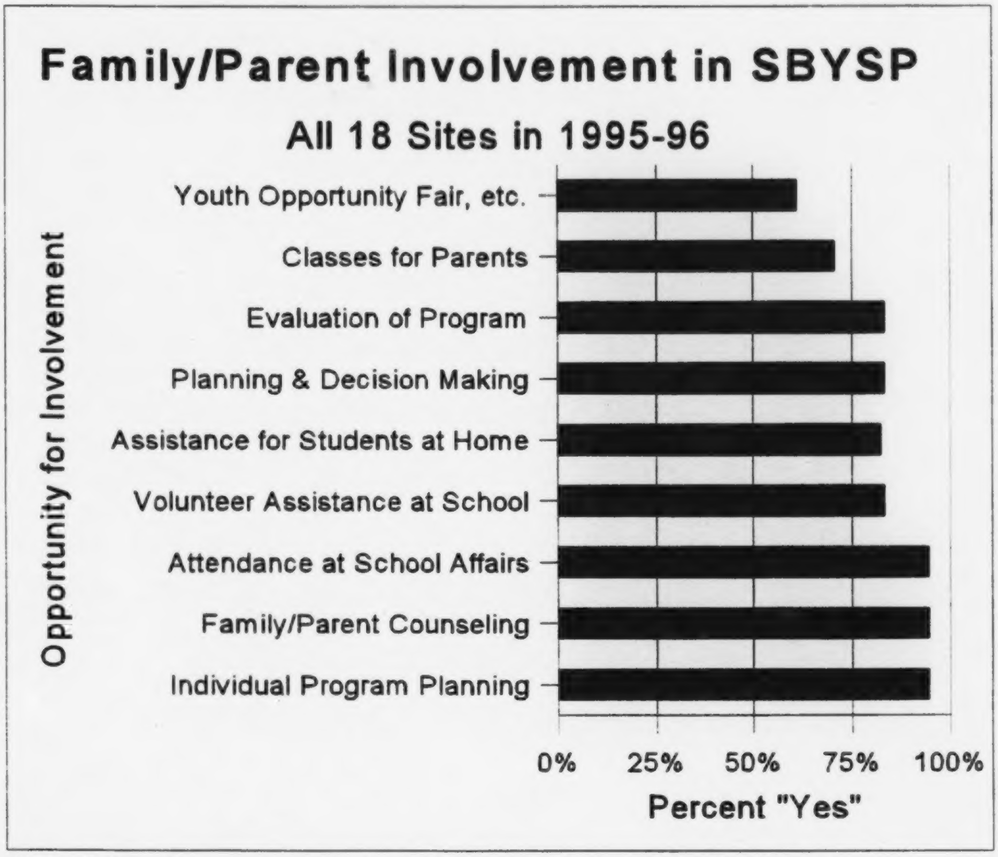

Figure 8: Family/parent opportunity for involvement in the SBYSP in 1995-96.

2. Coordination of Schools and Agencies

The primary objective of the SBYSP is to help at-risk students by *coordinating services between the community and school*. SBYSP staff coordinators in each site were asked to assess the level of such service coordination. Specifically, representatives from each agency were asked by each of the site coordinators to assess their use of the following methods or processes for increased coordination of schools and service agencies:

1. School publishes guidelines of agency services, procedures, etc.
2. Formal written plans have been developed which identify how accommodations will be made for agency participation.
3. Staff development is conducted for multiple agency participation.
4. Agency is asked to train other agency staff (for example, employment services trains educators).
5. Agency staff serve as resource sponsors[20] in school classes.
6. Agency employees are housed in school to provide services.
7. Information about agency services is infused into curriculum of school.
8. Agency staff are given responsibility to coordinate services with school which is written into job descriptions.
9. Agency staff is involved with school in regularly scheduled staffings/teaming.
10. Other—Please list.

Each of these was rated according to whether it was (1) a new activity, (2) a continuing activity, which has been improved, (3) a continuing activity, which has not been changed, (4) a discontinued activity (not done), (5) a future activity (planned; not done), (6) an activity that is not planned (and not done), and (7) "do not know." Those checking any of the categories (1), (2), or (3) were asked to rate the activity on a 1 to 5 scale, where 1 = needs considerable improvement and 5 = excellent. The ratings were conducted by multiple agency representatives in each site and site averages were computed. These site averages were themselves averaged to obtain an overall program assessment of the degree of coordination of agencies and schools. (These numbers are in percent for each of the seven categories indicating the nature of the activity and on a 5-point scale for the rating of the quality of the activity.)

The percentage selecting any of categories (1), (2), or (3) may be interpreted as a percent of positive assessment of coordination of agencies and schools. This measure exceeded 50% for all but "agency is asked to train other staff ..." The ratings of the quality of the coordination all fell between 3.3 and 4.1, with the highest (4.01) given to "agency employees are housed in school ...," followed by "agency staff serve as resource sponsors in school classes" and "agency staff is involved with school in regularly scheduled staffings/teaming" (tied at 3.73).

The lowest rated activities was "information about agency services is infused into curriculum of school." Most (over 40%) agency staff indicated that they did not have sufficient information about this activity to assess this type of coordination in their site. This was also one of the weakest areas in 1994-95. More effort at outreach to teachers and curriculum coordinators in the schools is required to increase the level of information about agency services into the classroom.[21]

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[20] "Resource sponsors" refers to providers of information about services.

[21] Such outreach in the area of substance abuse prevention services is part of a research project at Anson Middle School in Marshalltown. This project could provide a model for similar outreach in other service areas.

3. Ability of Agencies to Deliver Services as a Result of Collaboration

Another process outcome is increased ability of other service provider agencies to deliver services *as a result of collaboration*. Collaboration (cooperation) may be considered an extension of the processes of coordination. "Collaboration" (cooperation) is working together to achieve a common aim or goal; "coordination" is defined as "harmonious adjustment or functioning." Coordinating partners adjust their *individual systems* in order to work harmoniously together. Collaborative/cooperative partners agree to *share resources* and work together to achieve *common goals*. They are individual components in a single, *common system* of service delivery.

In addition to shared resources and common goals, these partners must agree on a *common evaluation system*. This will insure that they will each be evaluated using the same benchmarks. If different evaluation systems are used by different partners, collaboration/cooperation becomes difficult since each system would have different outcomes defining "success." Each partner would then try to get something *different* out of the program. This can give rise to competition among partners and individual "profit centers." According to Deming (1993):

> A system of schools (public schools, private schools, parochial schools, trade schools, universities, for example) is not merely pupils, teachers, school boards, boards of regents, and parents working separately to achieve their own aims. It should be, instead, a system in which these groups work together to achieve the aims that the community has for the school—growth and development of children, and preparation for them to contribute to the prosperity of society ... Such a system of schools would be destroyed if some group of schools decided to band together to lobby for their own special interests. They together with all other schools would in time be losers.

True collaboration/cooperation is very difficult to achieve. The third party reviews indicated that the **SCHOOL-BASED YOUTH SERVICES PROGRAM** still has a long way to go to become a truly collaborative service delivery system. (See the "Recommendations" section.)

Representatives from each agency were asked by each of the site coordinators to assess the level of their increased ability to deliver services that resulted from collaboration. Specifically, each agency representative was asked to assess each of the following:

1. Fewer cancellations and increased follow through with students and families;
2. Parent consent approvals that apply to all agencies reducing time involved in gaining/sharing information;
3. Schools cooperate to allow services to be delivered;
4. Waiting time is minimized for parents and students to access services;
5. Staff in my agency have been increased;
6. Significant number of self-referrals;
7. Significant number of referrals of youth by peers;
8. Significant completion of services/positive terminations;
9. Serving significant number of youth who are most at-risk (needy but resistant to services);
10. Serving significant number of youth who are non-resistant to services (needy but willing to accept services);
11. Have overcome transportation problems in delivering services;
12. Have developed significant knowledge of other agency services and staff;
13. Have realized significant communication between agencies;
14. Duplication of services is minimized via increased coordination;

15. Other—Please list.

The agency representatives were asked to indicate whether or not they had observed the specific indicator of increased ability to deliver services ("Yes," "No," or "Do Not Know"). If they responded "Yes," they were to rate the activity on a 1-5 scale, where 1 = needs considerable improvement and 5 = excellent. The ratings were conducted by multiple agency representatives in each site and site averages were computed. These site averages were themselves averaged to obtain an overall program assessment of the increased ability to deliver services. (The averages in the three categories indicating knowledge of the existence of the activity are expressed in percent, while the average rating of the quality of the activity is given on a 1-5 scale.)

All but three service delivery outcomes were affirmatively assessed by an average of 50% or more—"staff ... increased," "significant number of self-referrals," and "significant number of referrals of youth by peers" were positively assessed by less than half of the agency representatives (on the average). On the other hand, "schools cooperate ...," "serve ... most at-risk," "serving ... non-resistant to services ...," "have developed significant knowledge of other agency services ...," "have realized significant communication between agencies," and "duplication of services is minimized ..." were affirmatively assessed by over 75% of agency representatives, on the average. In terms of quality, the activities with the highest ratings were "schools cooperate ..." (4.09) and "waiting time is minimized ..." (4.01).

4. Use of Economic Resources to Improve Employment and Productivity of Students

A critical program outcome is the increased use of economic resources to improve employment and productivity of students. This outcome includes all economic activities designed to prepare and assist students to enter employment on a competitive or noncompetitive basis and increase their level of productivity. By "productivity," we refer to *economic or non-economic creation of value* (Veale, 1990). This outcome is future-oriented, in that most students will not become full-time employed until they graduate.

The SBYSP project managers were asked to rate their programs on each of the following:

1. Business funding of financial aid for the training of students/staff;
2. Business provides job training for students on a non-pay basis;
3. Business provides paid work experience for students;
4. Scholarship fund established for assisting at-risk youth to enter and complete post-secondary training;
5. Equipment donated for training in school;
6. Local organization sponsors job fair;
7. Long-term mentoring through business partnerships or individual volunteers;
8. Willingness of businesses to have employees volunteer (short term) to help youth in learning about careers, volunteer in classrooms, provide job shadowing, etc.;
9. Other—Please list.

Each was rated according to whether it was (1) a new activity, (2) a continued activity which has been improved, (3) a continued activity which has not been changed, (4) a discontinued activity (not done), (5) a future activity (planned; not done), (6) not planned (and not done), and (7) "do not know." SBYSP project managers who checked any of the categories (1), (2) or (3) were asked to rate the activity on a 1 to 5 scale, where 1 = needs considerable improvement and 5 = excellent. The results were compiled for the 18 SBYSP sites and then averaged to obtain an overall program assessment of the nature and quality of the utilization of economic resources for employment and productivity of students.

The percentage selecting any of categories (1), (2), or (3) may be interpreted as a percent of positive assessment of the use of economic resources to improve employment and productivity. This measure was 50% or more for all but "business funding of ... the training of students/staff" and "scholarship fund established ..." The highest rated activity in terms of quality was "business provides job training for students on a non-pay basis" (3.70). Other strong areas were "business provides paid work experience for students" (3.27) and "willingness of businesses to have employees volunteer (short term) to help youth ..." (3.18). The latter was assessed positively by over 80% of the sites.

The least positively rated activity was "scholarship fund established ..." (35.3%). Only 17.6% of agency staff said this was something they were planning to do in the future; 41.2% indicated that they had no plans for future implementation of such activity. This is an area that needs more emphasis, given the importance of post-secondary education in the global economy.

Focus on Family in Evaluation

In 1995-96, as a continuing part of the expansion initiative, the **SCHOOL-BASED YOUTH SERVICES PROGRAM** increased its involvement with elementary students (36.9% of youth served, up from 21.6% in 1993-94). For the first time since the SBYSP began in 1990-91, the "under 6th grade" category had the largest number of participants; previously, it had the fewest number. With this increasing focus on younger students came an increased level of involvement with their families—one of the eight goals of the SBYSP (pp. 2-3). This increased level of involvement with families was evidenced in the following assessments discussed in this report:

- family/parent involvement data, indicating modes of communication and specific opportunities for such involvement (Figures 8 and 9);
- case studies, many of which illustrated the importance of working with the family as a unit via case management (pp. 20-26);
- the parent survey on student outcomes and customer satisfaction, containing direct feedback from the parent/customer on the student's progress and their satisfaction with the program (Appendix G, Table 1 on p. 5, and the discussion on p. 18).

Just under two-thirds of agency representatives indicated that parent consent approvals apply to all agencies, thereby reducing time involved in gaining/sharing information. This is evidence of improvement in the process of delivering services to families through collaboration between schools and agencies.

In the 1995 FINE Foundation report on the SBYSP, the following question was posed: As the SBYSP becomes more family-centered ... should we consider the possibility of using the *family* as the unit of analysis/evaluation? In fact, some sites are already utilizing family-based outcomes at the local level. For example, in the Des Moines SBYSP, case managers meet with families to set goals at the beginning of the year and assess the degree to which each goal is achieved at various checkpoints during the year. An "Individual/Family Plan" layout is included in the *2EASY* database system, which includes goals and action plans, and an assessment of the extent of progress made. In addition, a measure of family well-being was developed through a family-focused Iowa task force. This measure—which was revised and published by Mid-Iowa Community Action (MICA) in Marshalltown—represents a possible tool for future use by SBYSP sites in Iowa to direct research on program impact.

Assessment of Delinquency and Reduction in Perceived Involvement

The number of delinquency petitions filed is an indicator of the problem of youth violence and court activity to address it. According to the State Court Administrator's Office, the number of such filings increased steadily from 1992 to 1995 (Iowa Department of Human Rights, February, 1997). (See Table 4.)

Table 4: Number of delinquency petitions filed from 1992 to 1995

Year	1992	1993	1994	1995
Number of delinquency petitions filed	4,975	5,373	5,721	5,850

The assessment of the degree to which the student is involved in delinquent activity was conducted by most sites in 1995-96. This included three levels:

- Legal identification - child has committed criminal or delinquent acts identified by the courts/legal system;
- School identification - child has committed delinquent acts identified by the school;
- Potential identification - child is involved in one or more of the following: gang activity, chronic school absences, suspensions and repeated tardiness, dropout, repeated school failure (failing grades, low achievement), substance abuse involvement and/or treatment, family dysfunction.

All children and youth in grades K-12 were considered in this assessment. A field was added to the *EASY* database system for delinquency. In 1994-95, only six out of the 18 sites provided data on delinquency; in 1995-96, most sites provided such data. (See Table 1, p. 5.) Slightly over 10% of youth in Grades K-12 who participated in the SBYSP in 1995-96 were classified as having either actual involvement (school- or legal-identified) or the potential for involvement in delinquency.

There was discussion during 1995-96 as to the feasibility of using the school identification level for this assessment. Some program sites indicated that there was no actual "school identification" of delinquents in their schools. We may need to collapse the "school" and "potential" levels into a single category. Moreover, the definition of delinquency may need to be tightened.

One indicator of a reduction in delinquency is the following

QUESTION: Does your child get in trouble with the law?

(A) Less now than before
(B) Yes
(C) No

from the parent survey. (A similar question was included in the middle and high school student surveys.)

Over 95% of parents answered this question either (A) or (C), i.e., a "positive assessment." Breaking down the parents' data by (1) those whose child is low or medium risk and (2) those whose child is high risk, we find approximately the same percent of positive assessments for these groups on this survey outcome. However, the percentage of parents of high risk students who indicated *improvement*, i.e., response (A)—"Less now than before," was significantly higher than that of parents of low/medium risk students (P=.0095, exact). Among parents of low and medium risk students, only 3.0% indicated improvement compared with 14.85% for parents of high risk students. (See Figure 10.) One way to interpret this result is that *from the parent's perspective, the SBYSP appears to be impacting the most at-risk students the most—in terms of their child getting in trouble less with the law, than they did before SBYSP participation.*[22] This result was essentially a replication of the 1994-95 survey data for this question.

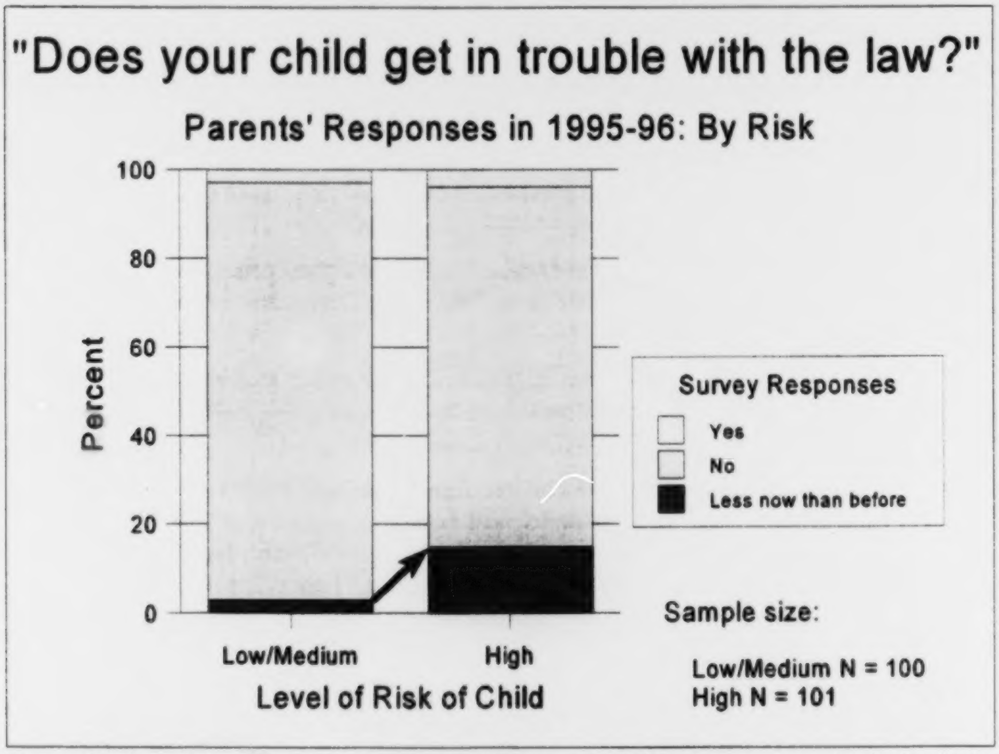

Figure 10: Parents' responses to the question "Does your child get in trouble with the law?" by level of student risk.

[Note: A similar result obtained for middle and high school students, albeit with only marginal significance (P=.0901, exact). Moreover, written comments from the students surveyed indicated improvement in the areas of controlling their temper, staying out of gangs, not using drugs, not fighting, and not getting in trouble with the law.]

The Continuing Need for the SBYSP

A number of educational, social, and economic factors have interacted in Iowa to produce a need for the **SCHOOL-BASED YOUTH SERVICES PROGRAM**. Six general categories of unmet needs of youth and families in Iowa are presented, with specific areas of need and accompanying statistical evidence.

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[22] A critical factor in our assessment of student risk is "committed criminal acts"; non-critical factors include "committed delinquent acts" and "gang membership." Other (non-critical) factors in our risk assessment instrument that are associated with delinquency include "poor attendance, repeated suspensions, repeated tardiness," "dropout or expelled," "experienced repeated school failure (low achievement, low grades)," "substance abuse by self or family member," "family dysfunction/youth's needs are not being met by the family." It is hypothesized that *risk* is associated with *delinquency*—higher levels of risk correspond to higher levels of delinquency.

I. There are a growing number of children and youth in Iowa who have been identified as being at-risk requiring additional services to enable them to become healthy and productive members of society.

- Iowa's at-risk school population conservatively approximates 30% of current enrollments, not counting special education populations. This statistic is based on a projection of data taken from research studies involving a variety of pre-school to adult populations (Iowa Department of Education, 1995a).
- More than three-fifths (62) of Iowa's counties had a higher percentage of students drop out in 1995 than in 1985. Some counties were consistently among those with the highest dropout percentages during this time period (Goudy & Burke, 1996).
- Iowa's homeless children in 1994 totaled 9,849—the highest count of homeless children recorded within the state since 1988 (Iowa Department of Education, 1995b).
- Nutrition assistance in the form of free meals is provided students from low income families. The number of students in Iowa receiving free meals increased from 1989-90 through 1995-96 (Goudy & Burke, 1996).
- A survey of 691 households with children sampled in Iowa in 1993 showed that 30.8% paid for their child's hospital visit themselves, while 61.1% paid for it using private health insurance (Malinee & Ludke, 1995). This indicated that approximately 30% of Iowans with children in 1993 were either uninsured or under-insured with regard to their children's health.
- The number of births to unmarried teens, births to 16 and 17 year-olds, percent of low birthweight babies, and verified cases of child abuse and neglect all increased between 1980 and 1995 (Iowa Kids Count, 1996).
- A total of 69,060 Iowa youth (under the age of 22) were identified as eligible for special education services in 1996. This represents a 3.7% increase over the 1995 figure of 66,572 (John Lee, Iowa Department of Education, personal communication, September 3, 1997).
- According to the 1996 Iowa Youth Survey, students who had 14 or more "assets" (factors that promote positive, healthy development) and those who had two or fewer "deficits" (factors that inhibit positive, healthy development) were very unlikely to engage in risky behaviors (such as substance abuse). In that survey of 110 Iowa school districts and 26,200 students in Grades 6, 8, 10, and 12, 51% had more than two deficits (e.g., disruptive school environment, unsafe neighborhood, single parent family), while 27% had fewer than 14 assets (e.g., family support, positive school climate, achievement motivation) and 36% had two or more high-risk behaviors (e.g., frequent alcohol use, binge drinking, daily cigarette use, attempted suicide, gambling). Thus, a substantial percentage of Iowa youth in 1996 had too few assets, too many deficits, and/or too many risky behaviors (Wright, 1997).

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II. A growing number of Iowa's children and youth are in need of mental health services, due to physical or sexual abuse, alcoholism or other drug addiction, violent behavior, depression, and other problems brought on by changing family structure, as well as social and economic changes in their communities.

- A total of 6,694 cases of child abuse were verified in fiscal year 1996; this is a 7.8% increase over the number in 1991 (6,207) and a 39.5% increase over the number in 1985 (4,797) (Mohammed Amjed, Department of Human Services: Division of Mental Health/Developmental Disabilities, personal communication, September, 1997).
- About 85,000 Iowa children (under the age of 18) are in need of some type of mental health services, about 12% of all children of the same age in the state. Of these, about 10,000 children and adolescents have severe emotional disorders. The majority of these children fail to receive appropriate mental health treatment (ibid.).
- Of all deaths of 15 to 19 year-olds in 1995, 17.1% were classified as suicide (Mike Dare, Iowa Department of Public Health, personal communication, August 29, 1997).
- Six Iowa teens (15 to 19 years of age) were victims of homicide in 1995; this represented 3.4% of all teen deaths in 1995 (ibid.).
- The number of delinquency petitions filed is an indicator of the problem of youth violence and court activity to address it. According to the State Court Administrator's Office, the number of such filings increased steadily from 4,975 in 1992 to 5,850 in 1995 (Iowa Department of Human Rights, 1997).
- In Polk County, the number of gangs identified by the Des Moines Police Department increased from eight in 1991 to 32 by the end of 1996; the number of people with gang connections increased from 750-800 to 1,200 during this period (Suk, *The Des Moines Register*, 1997).

III. There is a need to increase the number of prevention-oriented resources devoted to the early years of a child's life, since there is evidence that the strategy of early prevention has a greater impact than remediation later in life.

- The number of public school age children eligible for Title I services in reading and mathematics totaled 59,447 (unduplicated count) in 1995-96 representing 11.3% of the K-12 state enrollment. The number of public school age children served in this program was 32,195—up 22.8% from 1994-95. Title I programs have become increasingly prevention-oriented with a focus on elementary and preschool students (Sue Olson, Iowa Department of Education, personal communication, September 3, 1997).
- Several research studies indicate that the prevention of acting-out (aggressive) behavior is possible through early intervention. Behavioral change strategies

(reinforcement, modeling, cognitive self-control techniques) were twice as effective as nonbehavioral ones (group discussion/interaction). Early acting-out problems have been associated with "later maladjustment, including conduct disorder, academic underachievement, substance abuse, and delinquency." The early prevention of acting-out might, therefore, reduce the extent or severity of maladjustment later in adolescence or young adulthood. (See Durlak (1995) for a discussion of these and other school-based prevention research results.)

- According to a national news report, an estimated 375,000 children of drug-addicted parents are entering the educational system each year (MacNeil/Lehrer Newshour, 1991). Lacking treatment, these children tend to be learning disabled or behaviorally disordered students and require additional help and special attention in order to succeed (ibid.). There is evidence that many of these tendencies can be averted through a program of nurturing and pediatric care in the very early years. In Iowa, a council has been established by the Iowa Legislature "to help the State develop and implement policies to reduce the likelihood that infants will be born chemically exposed, and to assist those who are born chemically exposed to grow and develop in a safe environment" (Iowa Department of Public Health, 1992).

IV. There is a recognized need to increase the number of primary health care providers, including family nurse practitioners, pediatric nurse practitioners, school nurse practitioners, psychiatric/mental health nurse practitioners, family practitioners, and pediatricians. The publicly perceived need for many of these is greater in rural areas than in metropolitan areas.

- As of September 8, 1997, there were 136 family nurse practitioners, 132 pediatric nurse practitioners, 5 school nurse practitioners, and 16 psychiatric/mental health nurse practitioners among the 853 Advanced Registered Nurse Practitioners (ARNPs) in Iowa (Lois Churchill, Iowa Board of Nursing, personal communication, September 8, 1997). There is evidence from population to physician ratios and consumer surveys that these numbers may not be sufficient, especially for rural areas in Iowa. (At this time, Drake University, Graceland College, and The University of Iowa are the only nurse practitioner programs in the state.)
- Fifty-five of the 99 counties in Iowa have been identified as Governor's State designated Health Professional Shortage Areas (HPSAs), based on a population to physician ratio of (greater than) 2,500 to 1.[23] Most of these designated counties are rural areas. The federally funded Rural Health Clinic Program has been set up to expand health care to these Governor's State designated HPSAs, through "physician extenders" (nurse practitioners, physician assistants, midwives, etc.) (Ann Odens, Iowa Department of Public Health, personal communication, September 4, 1997).
- According to results from a statewide household telephone survey conducted by the Center for Health Services Research at The University of Iowa, 31% felt their

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[23] Physicians who are 65 or older were excluded in these calculations.

community did not have enough family doctors, while 45% thought there were not enough pediatricians in their community. In addition, 42%, 28%, and 29% felt that there were not enough "people who deliver babies," nurse practitioners, and doctors' assistants, respectively. In each of these categories, there was a statistically significant difference ($P<.05$) in the percentages for those in metropolitan areas and those in the more rural areas, with people in the latter communities producing the higher percents indicating "not enough" health care workers (Malinee and Ludke, 1995).

V. There is a recognized need to improve the skill level of high school graduates moving into the workforce. Hence, the importance of work skills training, career development, work experience and exploration, transitioning, apprenticeship, and post-secondary education (e.g., vocational technical programs in community colleges).

- The Iowa Business Council, in a study prepared for them by the American College Testing Program, indicated that if Iowa high school graduates are to obtain a higher degree of employment success, the curriculum in Iowa schools must become broader and more skills-oriented, and more students must achieve at higher levels in reading and understanding work-related materials, applying mathematical reasoning to work-related problems, and listening to, understanding, and writing work-related messages (ACT Center for Education and Work, 1995).

- According to a recent study of the Iowa workforce based on a survey of 608 employers in Iowa, over 75% of these employers indicated that there was a need for additional skills training among their employees in the following areas: computer skills, professional development, communication skills, and interpersonal skills. Over 60% (but less than 75%) of them indicated a need for additional skills training in business skills, government regulations, critical thinking skills, and personal skills. It was estimated that about 367,000 Iowa employees improved their workplace skills in academic year 1994-95 through "vocational/technical supplemental programs" (Iowa Association of Adult and Continuing Education Deans and Directors, 1996).

- In constant (1993) dollars, the lowest quintile of families had a *lower* income in 1993 than in 1980; the second lowest quintile of families had only a slightly greater income in 1993 than in 1980. (*The American Almanac: Statistical Abstract of the United States*, 1995). This may be attributed, in part, to the "globalization" of the economy. To counteract these effects, we need to develop "a culture that puts value on learning" (Deming, 1993) in order to produce the necessary "problem-solvers," "problem-identifiers," and "strategic brokers" needed for developing high quality products and specialized services (Reich, 1991).

- In 1995, the average per capita personal income in Iowa was $21,012. This was 9.4% below the average for the United States. In 1980, the average per capita personal income in Iowa was 7.0% below the average for the United States (*1997 Information Please Almanac*, 1996).

VI. There is a recognized need to provide culturally responsive clinical training to professionals serving at-risk families and children and to recruit minority professionals to serve the needs of the growing ethnic minority population.

- According to the Iowa Department of Education, the minority (non-Caucasian) enrollments in Iowa public schools increased by over 4,500 from 1992 to 1995, increasing their percentage of enrollment from 5.99% to 6.85%. In 1996, the minority enrollments increased to 7.78% (Jim Gould, Iowa Department of Education, personal communication, October 9, 1997).
- The percentage of minorities hired as principals, counselors, teachers, and coaches remained relatively stable from 1985 to 1995, rising only 0.2% for principals and counselors and 0.1% for teachers and coaches. The overall representation of minorities among professional staff was approximately 1.5% statewide in 1994-95 (Iowa Department of Education, 1996).
- Minority enrollment in educator preparation programs in Iowa's colleges and universities in 1993-94 was only 2.74%, indicating that the future workforce will not be available to significantly impact minority staff/student ratios (ibid.).

Recommendations

Recommendations for improving the delivery of services in the **SCHOOL-BASED YOUTH SERVICES PROGRAM** include the following:

1. Explore and identify funding support to maintain existing School-Based Youth Services programming. This includes the identification of a minimum cost factor that allows a local SBYSP to function with maximum impact. At a minimum, it is recommended that the SBYSP be continued as a separate identified entity in legislation to allow expansion into more communities throughout Iowa. (Cost factors in our most rural areas may be higher than in urban areas due to distance and travel considerations and staff availability.)
2. SBYSP activity in each community is demonstrating the potential for collaborative service delivery for the future. The agencies and people involved are demonstrating that comprehensive service planning and delivery can occur and can become a way of doing business in the future. The continuation and expansion of collaborative initiatives will require us to:
    - examine present work roles of existing staff from all agencies to modify expectations to accomplish multi-agency coordination and collaboration;
    - link funding from all grant sources administered through all agencies at the state and local levels to support collaborative programming;
    - establish paid resource persons to organize volunteer services, parent involvement, service learning, peer assistance, all staff involvement, and private sector involvement to utilize all the economic and human resources of the community;

- raise funds locally through local taxation and other fund raising to support the necessary staff;
- establish and maintain administrative level planning that involves multiple agencies, community, and city planners under a major project initiative such as the SBYSP, which will provide administrators with a purpose to meet and plan.

3. The exploration of more linkages such as shared funding resources is encouraged. Explore the legislative linking of the SBYSP with juvenile justice crime prevention grant, the school-based program under human services, wrap around funds, and other sources targeting juvenile justice. Consumer and student outcome information from the surveys and the case studies indicate that the SBYSP has yielded significant benefits in terms of reducing family and individual conflict, as well as reducing problems with the law. These benefits supported the use of the SBYSP as a prevention initiative in the juvenile justice system, included as part of the legislation for the expansion of the SBYSP in 1994. Expanded exploration and research in this area within the existing projects and new project development is leading to important collaboration, namely linking the juvenile justice system with state level and local school-based teaming.

   [Note: An example of such collaboration may be found in Marshalltown, where the Caring Connection is working with the Substance Abuse Treatment Unit of Central Iowa (SATUCI), Mid-Iowa Community Action (MICA), local law enforcement, and other agencies as well as community volunteers to reduce substance abuse and aggressive/violent behavior in Woodbury Elementary School and its neighborhood via a grant from the Iowa Department of Public Health (Drug & Violence Prevention Program). This collaborative effort includes a neighborhood watch unit, after-school and summer activities for students and parents, and Aggression Replacement Training (ART). In addition, the Caring Connection collaborates with Youth Runaway and Family Services and the Juvenile Court Liaison to help youth who are in trouble and their families.]

4. Expand the SBYSP to include smaller, rural communities in the state. Specifically, explore the expansion of the role of the school nurse in rural schools as a means to improve community health outcomes through family capacity-building and case management.

   [Note: Several studies indicate that at-risk students visit the school nurse for health-related reasons more frequently than do non-at-risk students, e.g., Grey (1988), Rohrbaugh & Rohrbaugh (1990), and Moeckly (1992). According to Moeckly (ibid.), "school nurses are on the front line in identification and intervention for the at-risk student." She recommends a team approach to the problem—involving teachers, administrators, counselors and parents, with the school nurse—and collecting data to document its effectiveness.]

5. Explore the development of the SBYSP in the most impoverished and/or low population areas of Iowa. Our most poverty stricken areas may not be represented in the present models. With the SBYSP, direction comes from the local level. Unfortunately, the poorer the area the less likely the local community will be able to afford or access services. *The state will have to take on more of the financial load for these communities in order to build an equitable support system based on resources that are available.*

6. Facilities remain our primary block to extensive collocation of staff. Future planning of school facilities and new buildings must consider collocation and parameters of an ideal center located within or near the school. It is recommended that legislation provide 10% or more of grant funds to accommodate collocation and provision of necessary services. The primary facilities issues are:

- privacy for counseling, health services, and entering the building;
- blending space for school counselors, social workers, nurses, attendance coordinators, and other support staff with other agency staff such as mental health professionals, health practitioners, workforce development specialists, extension services providers, juvenile justice liaison officers, human services providers, etc.;
- access to facilities to accommodate large groups for workshops, special training, monthly coordination of service staff, etc.
- health center services to accommodate physicals, screening, immunizations, dental services, etc.
- parking and outside identification of the entrance to the center;
- access by all including persons with disabilities, families, and total school population.

7. It is recommended that local communities be given the flexibility to carry over funds from year to year within the given time frame for program development.

8. Provide for staff development and technical assistance necessary to build new school-based programs in the state and accommodate existing sites for improvement.

9. Provide support for research on questions left unanswered or only partially answered about SBYSP implementation and impact:

   - Are the most at-risk youth in the SBYSP impacted the most (as indicated by some of the existing data)?
   - Are delinquent youth in the SBYSP impacted differently than non-delinquent youth?
   - To what extent do students who stay in the SBYSP for more than two years show improvement in attendance and GPA over time?
   - To what extent do families who are served by the SBYSP show improvement in outcomes such as independence, functionality, and self-sufficiency?
   - To what extent is case management necessary to facilitate service delivery to our most at-risk students and their families?
   - To what extent have we been successful in creating billing systems involving a variety of funding sources for services provided in schools?
   - To what extent is the SBYSP cost-*effective*? What is the level of outcomes being produced per unit of cost in the SBYSP? What would be the cost to society and the State of Iowa if the SBYSP were not available to students and families?
   - How have services provided for homeless students and families specifically impacted this population?
   - To what extent have program sites in all school districts developed multiple service agency involvement in the major service areas? What is the potential expansion necessary to achieve that goal?

- What are the mental health needs in urban and rural sites and to what extent are these needs being met? What are the outcomes of mental health services in those sites?
- What existing staff roles for different disciplines are complimentary? What new roles need to be created? What new roles have been identified for existing disciplines?
- Explore the development and impact of self-care initiatives for families and children within the SBYSP at all levels. This would contribute to expanded delivery potential for primary health care beyond professional delivery systems.
- Identify the extent to which the SBYSP is part of community-wide plans for services for families and children.
- Explore the possibility of investing funds spent on out-of-state services for improving SBYSP resource potential.

We have only recently begun to answer some of these questions (Veale, 1995).

10. Improve the coordination of schools and agencies in the SBYSPs, especially with regard to community-wide planning for the infusion of information about agency services into the school curriculum. More effort at outreach to teachers and curriculum coordinators in the schools is required to increase the level of information about agency services in the classroom. Infusion of information about services in the classroom should increase the number of self-referrals and peer-referrals to the SBYSP. (The SBYSP provides a reason for schools and agencies to meet, plan, and work together. Its value and impact in this regard is important to future expansion and effectiveness.)
11. Continue to expand the use of economic resources to improve the employment and productivity of students, especially in the areas of business funding of financial aid for training of students/staff and establishing a local scholarship fund for assisting at-risk youth in their post-secondary educations.
12. Consider linkage of planning with other collaborative projects such as "decategorization," regional Workforce Development, and Innovation Zones to explore benefits of multi-agency sharing and in-depth planning for reprioritization of staff roles, shared funding, collocation, family services, etc.
13. Local school districts and each SBYSP should continually evaluate the environment produced at each center to ensure that students and parents of the various cultures in the community are made to feel welcome. Also, continue efforts to make sure that students of various cultures and both genders are accommodated appropriately in terms of help with problems, discussion of sensitive issues (sex, pregnancy, drugs, and alcohol), and in attempting to understand the feelings of students and parents. (The customer satisfaction survey data indicated that progress has been made in these areas during the past year.)
14. Because non-minority clinicians and professionals will probably continue to be major providers of services to ethnic minorities well into the 21st century, it is essential that efforts and resources be allocated to train professionals to meet the needs of consumers with a variety of cultural backgrounds. Service models should be developed that capitalize on the cultural values of minority groups.

15. Service delivery in early childhood is a perceived must in all sites. Early intervention boosts school performance and helps to negate permanent damage to learning potential and motivation, reducing the need for remediation. In addition to improved cognitive development, there is a need to instill positive social and character development in elementary level children. Early intervention with health, mental health, case management, and the teaching of cooperative/team approaches to learning and work can help to reduce the likelihood of drug addiction, gang involvement, teen pregnancy, and other behavioral or health factors which negatively impact students as they get older. Head Start provides these services to many pre-school children from families below the poverty line and children with disabilities and is generally viewed as an eminently successful federal program. The SBYSP, with a similarly family-centered approach, is needed to follow through with these services at the elementary level.

16. Continue the development of mental health and other services at all age levels through results/process evaluation strategies in the continuation sites and other collaborative programs.

Recommendations for improving the database, reporting, and evaluation systems are presented below.

1. Incorporate a field for an additional year of attendance and GPA data (current year, previous year, and two years ago) and an additional year of dropout and re-enrollment data (current and previous years) in the *EASY/2EASY* system so that we can begin to chart and analyze the long-term progress of individuals involved in the SBYSP.

2. Install and apply the newer version of the SBYSP database (*2EASY*) in more sites in 1997-98. In 1995-96, only one site (Des Moines) was using *2EASY*; in 1996-97, 10 sites were using it. At least one more site is planning to transition to *2EASY* in 1997-98. This version was pilot-tested in the Des Moines site during 1995-96 and has proved successful in providing (a) easier, multiple source data entry, (b) reduction in paperwork, (c) special features for case management plans, individual needs, and referrals, and (d) more flexible and detailed reporting. Operationally, the new version treats each contact as a record; in the old version a record was defined for each individual student. Mental or manual addition of contact numbers, required in *EASY*, is obviated in *2EASY*.

   [Note: Their are fewer fields needed in *2EASY*, but the number of records is greater than in *EASY*. Program sites in which the number of service contacts (records, in *2EASY*) is expected to be very large may be better off staying with *EASY*. Upgrading to the current version of *FileMaker Pro* (3.0) will help, with its more powerful file handling capabilities and we recommend that all sites purchase this upgrade (if they have not done so already). During 1997-98 we plan to develop a new version of the database system utilizing the relational capability of *FileMaker Pro* 3.0 (Claris Corporation). This should improve the efficiency of *2EASY* so it can be used by all sites.]

3. Administer paper-and-pencil instruments orally, either with individuals or groups. Students lacking motivation to complete the survey on their own may be more likely to cooperate and provide more accurate information in this mode. Also, special education students may find it easier to complete the survey with this approach.

4. Review the surveys, especially the one for elementary school students to consider ways to make it more developmentally appropriate. Incorporate questions on life skills and recreation and revise any questions as needed (on all surveys).

Customize the parent survey into three grade level specific survey instruments for parents of (a) elementary school, (b) middle school, and (c) high school students.[24] Re-evaluate the forms used to assess process outcomes, program expenditures, and outcomes based on data from the schools to ensure clarity and appropriateness.

> [Note: According to Osborne & Gaebler (1992), "No measures are perfect. Since governance is not a science, it is impossible to isolate measures that perfectly reflect the outcomes of government activity. All we can do is hope for a close approximation ... Therefore, it makes sense to modify and refine performance measures often, particularly as their flaws are revealed in practice. It also makes sense to commission an independent audit of the measures periodically, to see if they in fact measure what one thinks they measure" (p. 358). In this regard, in spring of 1995 the research consultant and state director met with (1) elementary coordinators in Des Moines, to gain input regarding the developmental appropriateness of the questions in the elementary school student survey and (2) collaborating agencies in Des Moines for determining the adequacy of forms for assessing coordination of agencies and schools, ability of agencies to deliver services, and the use of economic resources to improve the employment and productivity of students. In addition, a conference was held in summer 1995 in which academicians and other experts in the fields of education, social work, and evaluation were invited to review the SBYSP evaluation system. Valuable input was provided in all of these meetings and the instruments were substantially revised and refined in 1994-95, 1995-96, and 1996-97.]

5. Fine-tune the assessment tool for gathering data on the degree to which the SBYSP students are involved in delinquent behavior. The assessment of delinquency includes three levels—(a) legal, (b) school, and (c) potential identification. This tool was developed through a brainstorming session in a meeting with local site coordinators and managers on February 16, 1995 in Des Moines. Subsequently, a field for "delinquency" was added to the *EASY* and *2EASY* database systems. This definition may require greater specificity, particularly in regard to "school" and "potential" identification.

6. Revise the survey administration manual to include specific procedures for (a) enumerating the sample frame using *2EASY* and (b) the grade level specific parent surveys introduced in 1996-97.

7. Conduct a follow-up phone survey of those who were served by the SBYSP in all sites and who left school (graduates or dropouts), isolate their present status with regard to the goals of the program, and establish utilization of services after leaving high school for continued growth. The productivity model developed in a research study on alternative school graduates (Veale, 1990) may provide a basis for evaluating the important goal of employment and additional education and training, as well as other (non-economic) factors contributing to the creation of value by these former participants.

Three recommendations that encompass both the improvement of the database and other reporting and evaluation systems, as well as improving the delivery component, are the following:

- Explore the development and implementation of a common monitoring/evaluation system for all agencies involved with SBYSP and/or decategorization, as well as the development of common goals and the sharing of resources, to advance the collaboration (cooperation) initiative. Collaboration (cooperation) is critical to the expansion of the SBYSP and to more effective service delivery in the presently funded sites.

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[24] This was accomplished in time for the 1996-97 parent survey administration.

7. Revise and refine the project adoption guide designed to assist districts in implementing the SBYSP, including a review of research across similar programs nationwide, a summary of findings of the various research questions proposed, a refinement and revision of the *EASY/2EASY* database system and the user's manual, and a refinement and revision of the user's guide for administering and scoring the surveys (Erickson (1993, 1997), Morley (1995), and Veale (1996)). The project adoption guide is critical to the expansion of the SBYSP to other communities.

8. Examine the extent to which we are truly operating as a *system*, in which the components (individuals, schools and agencies, sites, etc.) cooperate and work together as a team to achieve the "aim" or goal of the system, and which includes preparation for the future (i.e., lifelong learning for employees) and the taking of joy in work (engaging one's mind as well as one's labor) (Deming, 1993). Also, examine whether we are becoming effective *learning organizations*, in which team members are "learning to learn" and thereby "... expanding their ability to create the results in life they truly seek" (Senge, 1990). Examples of such cooperation and learning in the SBYSP include the following:

   - conducted workshops on utilizing the database management systems *EASY* and *2EASY*;
   - invited researcher/author Joy Dryfoos to the At-Risk Conference in Des Moines in fall 1996; purchased and distributed multiple copies of her book *Full-Service Schools* (Dryfoos, 1994) to the 18 program sites;
   - conducted workshops to develop definitions and models for recreation and life skills (at Camp Dodge in spring 1996);
   - conducted third-party visits and reviews each spring;
   - developed and utilized communication/learning tools, such as *The Data Letter* (published three times a year and disseminated among sites and agency representatives), the state year-end evaluation report, data and presentation graphics for building local support for the program, and our SBYSP mailing list on the Internet.

   Plans for further development of cooperation and learning in 1997-98 among the project teams include the following:

   - workshops on *FileMaker Pro 3.0* (Claris Corporation); purchase of workbooks (*An Introduction to FileMaker Pro 3.0*, by Claris Corporation and HTR Knowledge Products) for use in these workshops and for self-study by data managers;
   - statewide SBYSP conference in Marshalltown in fall 1997 for sharing information about school-based, multi-service programs in other states, celebrating positive results in existing sites, and exploring areas for future development;
   - presentations and discussions via the Iowa Communication Network (ICN) on focus groups, site-based evaluation, database management, continuation planning, expansion of mental health services, linkages with Workforce Development, and the benefits of Innovation Zones;

- creation of informal learning groups consisting of team members from two to five program sites, to meet periodically during the year and share what they have learned about service delivery, case management, database management, focus groups, case studies, site-based evaluation and reporting, public relations, funding, teaming, and any other issues that members want to study; these groups could be organized by geographic proximity, members' interests, community needs, etc.

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The data from the surveys were entered into a PC using the survey data management/analysis software *ABstat for Windows* (Anderson-Bell Corporation). The survey data and information from the *EASY* and *2EASY* databases were analyzed using statistical software available to Dr. Veale, including *ABstat for Windows* (Anderson-Bell Corporation) and *StatXact for Windows* (CYTEL Software Corporation). In addition, the spreadsheet program *Quattro Pro for Windows* (Corel Corporation Limited) was utilized for data entry/summarization.[25] The utility program *Mac-In-DOS* (Pacific Microelectronics, Inc.) was used to convert the data on the selected fields from *EASY/2EASY* on Macintosh-formatted disks (from the sites using the Macintosh platform) to the hard disk on a Pentium-based PC for analysis using the aforementioned statistics packages. This report was developed using the *Corel WordPerfect Suite 7 for Windows 95* (Corel Corporation Limited). The *EASY* and *2EASY* database systems were developed by Cyndy Erickson using *FileMaker Pro* (Claris Corporation), with input from state and local team leaders and data managers. The multi-colored map of the State of Iowa on the cover was available from *Image Commander* (Windswept Software, Inc.). It was edited to indicate the 18 SBYSP sites.

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[25] *Quattro Pro for Windows* was used for analysis of the data on process, cost, demographics, as well as outcome data from *EASY/2EASY*. A 3-D spreadsheet ("workbook") was utilized for the process data, with a separate "page" for the data from each site or, in some cases, each agency reporting in each site. Since the pages were linked in the spreadsheet, program summary pages could easily be calculated using standard spreadsheet formulas. A diskette containing these spreadsheet files will be sent to each site to (a) develop graphics for presentations and (b) diagnose weaknesses and strengths in their programs.

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Appendix A

Location of SBYSP Sites in 1995-96

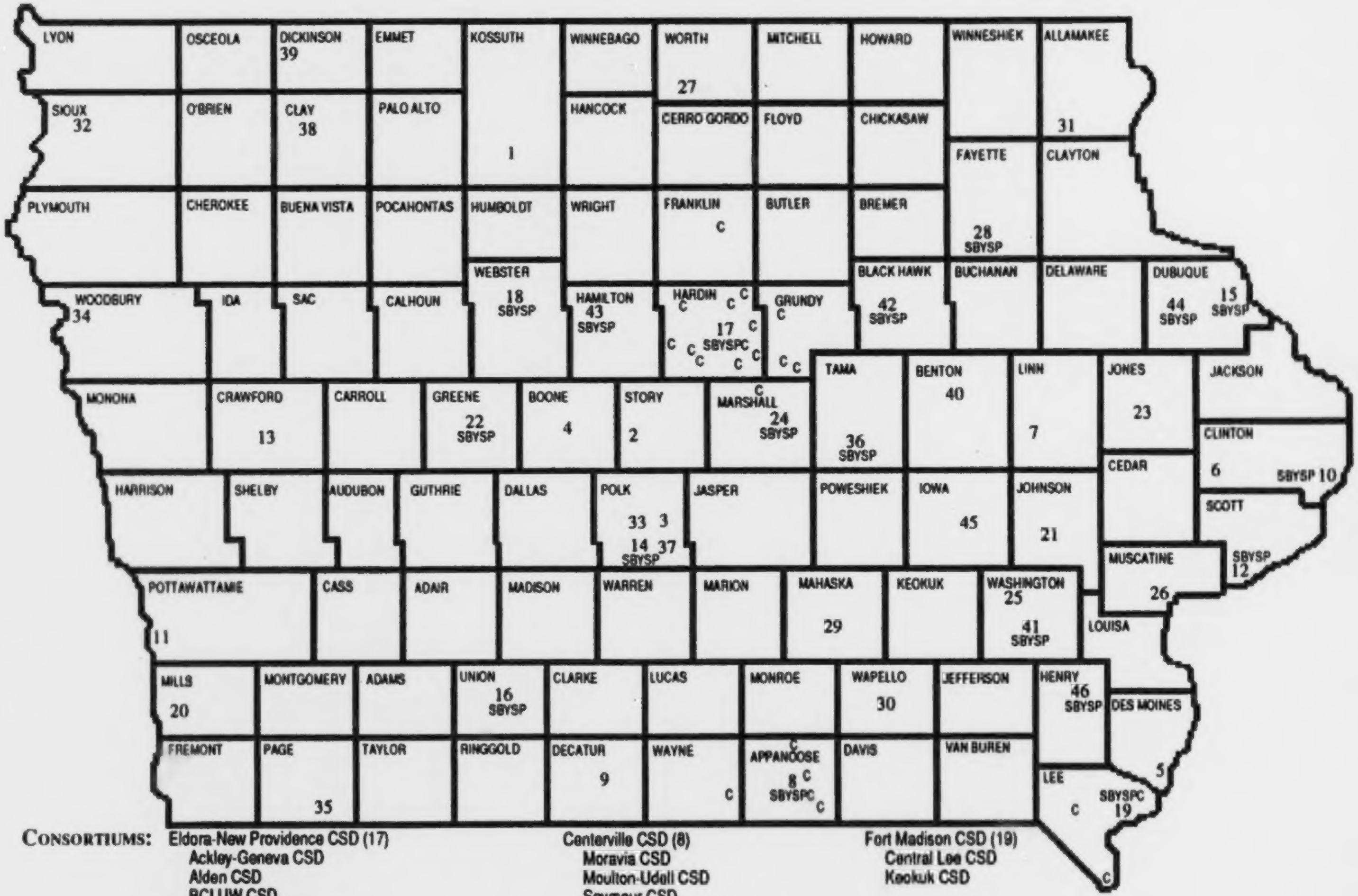
REGIONS SUBMITTING SCHOOL-BASED YOUTH SERVICES PROJECT PROPOSALS

SBYSP DENOTES APPROVED PROPOSALS

C DENOTES CONSORTIUMS: COMMUNITIES INVOLVED IN APPROVED SBYSP

1. Algona
2. Ames
3. Ankeny
4. Boone
5. Burlington
6. Calamus-Wheatland
7. Cedar Rapids
- • 8. Centerville
9. Central Decatur
- • 10. Clinton
11. Council Bluffs
- • 12. Davenport
13. Denison
- • 14. Des Moines
- • 15. Dubuque
- • 16. East Union
- • 17. Eldora-New Providence
- • 18. Fort Dodge
- • 19. Fort Madison
20. Glenwood
21. Iowa City
- • 22. Jefferson-Scranton
23. Jones County
- • 24. Marshalltown
25. Mid-Prairie
26. Muscatine
27. North Central
- • 28. Oelwein
29. Oskaloosa
30. Ottumwa
31. Postville
32. Rock Valley
33. Saydel
34. Sioux City
35. South Page
- • 36. South Tama
37. Southeast Polk
38. Spencer
39. Spirit Lake
40. Vinton-Shellsburg
- • 41. Washington
- • 42. Waterloo
- • 43. Webster City
- • 44. Western Dubuque
45. Williamsburg
- • 46. Winfield-Mt. Union

• Denotes Approved SBYSPs


LYON
OSCEOLA
DICKINSON 39
EMMET
KOSSUTH 1
WINNEBAGO
WORTH 27
MITCHELL
HOWARD
WINNESHIEK
ALLAMAKEE 31
SIOUX 32
O'BRIEN
CLAY 38
PALO ALTO
HANCOCK
CERRO GORDO
FLOYD
CHICKASAW
FAYETTE 28 SBYSP
CLAYTON
PLYMOUTH
CHEROKEE
BUENA VISTA
POCAHONTAS
HUMBOLDT
WRIGHT
FRANKLIN C
BUTLER
BREMER
WEBSTER 18 SBYSP
HAMILTON 43 SBYSP
HARDIN C C C C C C C C C 17 SBYSPC
GRUNDY C C C
BLACK HAWK 42 SBYSP
BUCHANAN
DELAWARE
DUBUQUE 44 SBYSP 15 SBYSP
WOODBURY 34
IDA
SAC
CALHOUN
TAMA 36 SBYSP
BENTON 40
LINN 7
JONES 23
JACKSON
MONONA
CRAWFORD 13
CARROLL
GREENE 22 SBYSP
BOONE 4
STORY 2
MARSHALL C 24 SBYSP
CLINTON 6 SBYSP 10
HARRISON
SHELBY
AUDUBON
GUTHRIE
DALLAS
POLK 33 3 14 37 SBYSP
JASPER
POWESHIEK
IOWA 45
JOHNSON 21
CEDAR
SCOTT SBYSP 12
MUSCATINE 26
POTTAWATTAMIE 11
CASS
ADAIR
MADISON
WARREN
MARION
MAHASKA 29
KEOKUK
WASHINGTON 25 41 SBYSP
LOUISA
MILLS 20
MONTGOMERY
ADAMS
UNION 16 SBYSP
CLARKE
LUCAS
MONROE
WAPELLO 30
JEFFERSON
HENRY 46 SBYSP
DES MOINES 5
FREMONT
PAGE 35
TAYLOR
RINGGOLD
DECATUR 9
WAYNE C
APPANOOSE C 8 C SBYSPC C
DAVIS
VAN BUREN
LEE C SBYSPC 19 C

CONSORTIUMS:

Eldora-New Providence CSD (17)	Centerville CSD (8)	Fort Madison CSD (19)
Ackley-Geneva CSD	Moravia CSD	Central Lee CSD
Alden CSD	Moulton-Udell CSD	Keokuk CSD
BCLUW CSD	Seymour CSD	
Hubbard-Radcliff CSD		
Iowa Falls CSD		
Wellsburg/Steamboat Rock CSD		

Total Programs = 18

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1994-98 School-Based Youth Services Programs

AEA	County	Sch Dist Complete Name	Program Name	SBYSP Coordinators	SBYSP Address	SBYSP City State	SBYSP Phone
15	Appanoose	Centerville CSD	Family Connection	Mr. Ray Miller	600 High Street	Centerville IA 52544	515) 856-0663
15	Appanoose	Moravia CSD	Family Connection			Moravia IA 51571	
15	Appanoose	Moulton-Udell CSD	Family Connection			Moulton IA 51572	
15	Appanoose	Seymour CSD	Family Connection			Seymour IA 52590	
9	Clinton	Clinton CSD	PEAK	Mr. John Krogman	215 6th Avenue S, Suite 30	Clinton IA 52732	319) 242-2759
9	Scott	Davenport CSD	School-Based Family Services	Dr. Barbara Philibert	428 Western Avenue	Davenport IA 52801	319) 326-8221
11	Polk	Des Moines Independent CSD	Project Success	Ms. Margaret Jensen-Connet	1800 Grand Ave, Suite 456	Des Moines IA 50309	515) 242-7890
1	Dubuque	Dubuque CSD	School-Based Youth Srvcs Prgrm	Ms. Ruth Ellis	2300 Chaney Road	Dubuque IA 52001-3095	319) 588-5142
14	Union	East Union CSD	Eagle Ties Family Resource Ctr	Ms. Peg Anderson	1000 Eagle Drive	Afton IA 50830	515) 347-8777
6	Hardin	Eldora-New Providence CSD	The Home Connection	Ms. Louise Esveld or Ms. Cinthia Hintz	12th St and 12th Ave	Eldora IA 50627	515) 858-5533
6		Ackley-Geneva CSD	The Home Connection			Ackley IA 50601	
6	Hardin	Alden CSD	The Home Connection			Alden IA 50006	
6	Grundy	BCLUW CSD	The Home Connection			Conrad IA 50621	
6	Hardin	Hubbard/Radcliff CSD	The Home Connection			Hubbard IA 50122	
6	Hardin	Iowa Falls CSD	The Home Connection			Iowa Falls IA 50126	
6	Grundy	Wellsburg/Steamboat Rock CSD	The Home Connection			Wellsburg IA 50680	
5	Webster	Fort Dodge CSD	BRIDGES	Ms. Kaye Grossnickle	819 North 25th Street	Fort Dodge IA 50501	515) 574-5444
16	Lee	Fort Madison CSD	Lee County BRIDGES	Ms. Rachel Stewart	508 15th Street, Suite 1	Fort Madison IA 52627	319) 372-1612
16	Lee	Central Lee CSD	Lee County BRIDGES			Donnellson IA 52625	
16	Lee	Keokuk CSD	Lee County BRIDGES			Keokuk IA 52632	
5	Greene	Jefferson-Scranton CSD	Project LIFT	Ms. Heidi Hoffmann or Carol Willott	101 West Sunset	Jefferson IA 50129	515) 386-4119
6	Marshall	Marshalltown CSD	The Caring Connection	Mr. Todd Redalen	1602 South 2nd Avenue	Marshalltown IA 50158	515) 754-1151
1	Fayette	Oelwein CSD	Huskies Hub Center	Ms. Sue Dohrmann	208 8th Avenue S. E.	Oelwein IA 50662	319) 283-5610
6	Tama	South Tama County CSD	The STC Partnership Center	Ms. Donna Hempy	205 West Third Street	Tama IA 52339	515) 484-3085
10	Washington	Washington CSD	The Assure Program	Mr. Tom Lewis	111 Westview Drive	Washington IA 52353	319) 354-5400
7	Black Hawk	Waterloo CSD	Success Street	Ms. Arlene Prather-O'Kane	1516 Washington Street	Waterloo IA 50703	319) 291-2674
5	Hamilton	Webster City CSD	LYNX Connection	Ms. Wendi Dinsdale	1101 Des Moines St	Webster City IA 50595	515) 832-9266
1	Dubuque	Western Dubuque CSD	FRIENDS	Dr. Tom Wickham	P. O. Box 379	Epworth IA 52045	319) 876-3626
16	Henry	Winfield-Mt. Union CSD	Hands All Around	Mr. Rick Gelhaus or Ms. Cindy Hinckley	206 South Clark	Winfield IA 52659	319) 257-7712

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Appendix B

Goals, Criteria, Instruments and Methods

TABLE 1:
Goals of the SBYSP and Criteria for Assessing their Attainment

Goals	Type of Goal	Criteria for Assessing Goal Attainment
1. To develop cooperative planning and collocation of staff from multiple service agencies in one center in or near schools to make services accessible for all school-age youth in or out of school ("one-stop shopping")	process	• Coordination of schools and agencies in delivery of services (staff development for multiple agency participation, agency employees housed in school to provide services, agency staff asked to train other agency staff, etc.) • Number of students served • Type and magnitude of services provided
2. To involve families and parents in the delivery of services to youth	process	• Family/parent involvement in child's education (parent/family counseling, attendance at school affairs, volunteer assistance at school, etc.) • Communication between SBYSP and parents (letters, surveys, phone contacts, etc.) • Parent's use of services provided by the SBYSP
3. To facilitate joint planning to make the most economical and innovative use of community resources to support youth services	process	• State cost estimates per individual, contact • Contributions (in-kind and monetary, public and private) • Use of economic resources to improve employment and productivity of students (business provides job training to students, scholarship fund for post-secondary training, long-term mentoring through business partnerships, etc.)
4. To establish an evaluation initiative to determine the effectiveness of the program	process & results	• Determining process outcomes (coordination of schools and agencies, family/parent involvement, etc.) • Determining results outcomes (retention, re-enrollment, GPA, attendance, etc.) • Customer satisfaction (students and parents) • Use of available technology (computers, statistics, research)
5. To increase the ability of existing agencies within communities to address the multiple problems of our youth	process	• Ability of agencies to deliver services (fewer cancellations and increased follow-through with students and families, parent consent approvals that apply to all agencies, schools cooperate to allow service delivery, etc.) • Identification of areas of improvement and strategies for that improvement; also, identification of problems and unsuccessful strategies (so they may be avoided in future)
6. To enable school age youth to complete their high school education*	results	• School attendance • School performance (GPA) • High school retention rates (100% minus the dropout rate) • High school re-enrollment • Desire to stay in school and graduate (student, parent perceptions); liking school; desire to achieve in school; showing up on time for classes
7. To enable school age youth to obtain skills that lead to employment and additional education and training*	results	• Employment: selection of a career interest; establishment of career goal; ability to achieve career goal (if established); working with others; getting a job; getting a desired job; getting into the military; showing up on time for work • Additional education: attending college or technical school; setting goals for the future
8. To enable school age youth to obtain skills that lead to a healthy, drug-free life*	results	• Health: overall physical health; (non-)use of drugs, alcohol, and tobacco; knowledge of health; not having unprotected sex; and not getting in trouble with the law

* Also, defined in the 1989 legislation as the ***purpose(s)*** of the SBYSP

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Additional goals for the SBYSP:

Additional criteria for assessing SBYSP goals:

Table 2:
Goals and Associated Instruments/Methods Used in Assessing Goal Attainment

Goals	Criteria for Assessing Goal Attainment	Instruments/ Methods	Alternative Instruments/ Methods
1. To develop cooperative planning and collocation of staff from multiple service agencies in one center in or near schools to make services accessible for all school age youth in or out of school ("one-stop shopping")	Coordination of schools and agencies in delivery of services (staff development for multiple agency participation, agency employees housed in school to provide services, agency staff asked to train other agency staff, etc.)	• Agency coordination indices • Third-party reviews	
	Number of students served	• EASY database	
	Type and magnitude of services provided	• EASY database	
2. To involve families and parents in the delivery of services to youth	Family/parent involvement in child's education (parent/family counseling, attendance at school affairs, volunteer assistance at school, etc.)	• Family/parent involvement checklist • Case studies and focus groups	
	Communication between SBYSP and parents (letters, surveys, phone contacts, etc.)	• Family/parent involvement checklist • Case studies and focus groups	
	Parent's use of services provided by the SBYSP	• Student outcomes survey (parents) • Case studies and focus groups	
3. To facilitate joint planning to make the most economical and innovative use of community resources to support youth services	State cost estimates per individual, contact	• Budget form • EASY database	
	Contributions (in-kind and monetary, public and private)	• Budget form	
	Use of economic resources to improve employment and productivity of students (business provides job training to students, scholarship fund for post-secondary training, long-term mentoring through business partnerships, etc.)	• Economic resources indices • Third party reviews	
4. To establish an evaluation initiative to determine the effectiveness of the program	Determining process outcomes (coordination of schools and agencies, family/parent involvement, etc.)	• Process review forms • Third party reviews	
	Determining results outcomes (retention, re-enrollment, GPA, attendance, student and parent perceptions of student progress, etc.)	• EASY database (school records) • Student outcomes survey (students, parents) • Case studies and focus groups	
	Customer satisfaction (students and parents)	• Student outcomes survey (students, parents) • Focus groups • Graduate follow-up phone interview	
	Use of available technology (computers, statistics, etc.)	• EASY database (FileMaker Pro/Claris database software) • Student outcomes surveys (students, parents) • Risk assessment instrument • SurveyMaker (HyperCard stack for Macs) and On Screen (program for PCs) for computer administration of surveys • Statistics packages (NCSS, ABstat, S-Plus, SPSS, StatXact, Quattro Pro—all for Windows)	
	Conducting research	• FINE Foundation (grants #026 and #026A)	

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Goals	Criteria for Assessing Goal Attainment	Instruments/ Methods	Alternative Instruments/ Methods
5. To increase the ability of existing agencies within communities to address the multiple problems of our youth	Ability of agencies to deliver services (fewer cancellations and increased follow-through with students and families, parent consent approvals that apply to all agencies, schools cooperate to allow service delivery, etc.)	• Ability to deliver services checklist • Program log • Case studies • Third party reviews	
	Identification of areas of improvement and strategies for that improvement; also, identification of problems and unsuccessful strategies (so they may be avoided in future)	• Program log • Third party reviews	
6. To enable school age youth to complete their high school education*	School attendance	• EASY database • Case studies and focus groups	
	School performance (GPA)	• EASY database • Case studies and focus groups	
	High school retention rates (100% minus the dropout rate)	• School records • EASY database	
	High school re-enrollment	• School records • EASY database	
	Desire to stay in school and graduate (student, parent perceptions); liking school; desire to achieve in school; showing up on time for classes	• Student outcomes surveys (students, parents) • Case studies and focus groups	
7. To enable school age youth to obtain skills that lead to employment and additional education and training*	Employment: selection of a career interest; establishment of career goal; ability to achieve career goal (if established); working with others; getting a job; getting a desired job; getting into the military; showing up on time for work	• Student outcomes surveys (students, parents) • Case studies and focus groups • Graduate follow-up phone interview	
	Additional education: attending college or technical school; setting goals for the future	• Student outcomes surveys (students, parents) • Case studies and focus groups • Graduate follow-up phone interview	
8. To enable school age youth to obtain skills that lead to a healthy, drug-free life*	Health: overall physical health; (non-)use of drugs, alcohol, and tobacco; knowledge of health; not having unprotected sex; and not getting in trouble with the law	• Student outcomes surveys (students, parents) • Case studies and focus groups • Graduate follow-up phone interview	

* Also, defined in the 1989 legislation as the *purpose(s)* of the SBYSP

Instruments/methods for additional criteria, goals:

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Appendix C

Number of Individuals Served by Site and Major Service Area and Total Number of Contacts by Site

Number of Individuals Served by Site and Major Service Area and Total Number of Contacts by Site

SBYSP Sites	Employment	Health	Substance Abuse	Mental Health	Case Management	Education	Day Care	Leisure/Recreation	Basic Needs	Counseling	Liason (Juv. Court Officer)	Family Survival	Site Total	Total Contacts
Centerville	0	9	1	8	229	50	0	0	0	0	0	0	231	2,621
Clinton	2	1,388	87	127	940	643	5	108	150	0	0	0	1,734	19,509
Davenport	27	346	11	44	414	288	2	136	36	0	0	0	990	9,694
Des Moines	162	524	80	368	1,347	445	0	327	0	0	0	409	1,987	38,549
Dubuque	289	983	223	369	904	1,089	0	5	14	0	0	0	1,666	67,591
East Union	0	7	1	0	69	20	2	3	0	0	0	0	80	2,754
Eldora-New Providence	0	44	1	21	180	17	0	1	2	0	0	0	192	4,557
Ft. Dodge	1	76	2	118	124	15	0	14	0	0	0	0	151	1,231
Ft. Madison	102	103	27	41	3,537	409	0	22	3	0	0	0	3,946	13,105
Jefferson-Scranton	178	302	4	113	265	586	16	311	6	0	0	0	1,012	38,752
Marshalltown	299	818	73	299	662	810	0	20	115	103	286	0	1,602	57,850
Oelwein	14	6	24	15	138	228	0	455	0	0	0	0	600	17,871
South Tama Co.	146	109	139	49	311	94	0	123	13	0	0	0	579	4,761
Washington	80	81	87	149	337	94	15	49	53	0	0	0	358	7,965
Waterloo	52	858	62	114	204	45	0	7	0	0	0	0	1,073	2,517
Webster City	2	5	11	49	137	87	2	9	0	0	0	0	191	4,929
Western Dubuque	786	2,299	147	339	2,685	252	1	177	0	0	0	0	2,793	88,840
Winfield-Mt. Union	331	170	1	26	206	62	2	347	3	0	0	0	504	9,584
Total (All Sites)	2,471	8,128	981	2,249	12,689	5,234	45	2,114	395	103	286	409	19,689	392,680

Appendix D

1995-96 Elementary School Student Survey

SCHOOL-BASED YOUTH SERVICES PROGRAM:

1995-96 ELEMENTARY SCHOOL STUDENT SURVEY

Section 1: Read each of the following questions. Each question has three possible responses. Think back to the time **before** you came to the **SCHOOL-BASED YOUTH SERVICES PROGRAM** and how you were then. **For this survey, the "SCHOOL-BASED YOUTH SERVICES PROGRAM" in your school is the** ____. Then think about how you are **now** -- today. Select and **circle** the answer (A, B, or C) that is the **most truthful** answer to the question for you. **THERE ARE NO RIGHT OR WRONG ANSWERS.** Select the one YOU FEEL is most true for you. You may omit any question that you do not feel you can answer. Please do NOT put your name on this survey. **Your responses will be completely private**.

Example 1: Do you like math?
- **(A) More now than before**
- **(B) Yes**
- **(C) No**

Suppose you enjoy math class now but you did not like it before you came to the **SCHOOL-BASED YOUTH SERVICES PROGRAM**. You would circle **(A)**, since you like math **more now than before**.

Example 2: How do you feel when you go to bed at night?
- **(A) Better now than before**
- **(B) Good**
- **(C) Bad**

Suppose you have always felt good when you went to bed at night. You don't go to bed hungry and are not afraid something bad will happen to you. You would circle **(B)**, since you feel **good** when you go to bed.

Example 3: Do you like recess?
- **(A) More now than before**
- **(B) Yes**
- **(C) No**

Suppose you have a health problem, so you cannot play sports or other games on the playground or gym with the other kids. You feel left out during recess. You would circle **(C)**, since you do NOT like recess.

REMEMBER: "Before" is the time before you came to the SCHOOL-BASED YOUTH SERVICES PROGRAM. "Now" is today.

---

1. Do you know where to go for help?
   - **(A) More now than before**
   - **(B) Yes**
   - **(C) No**

2. Do you get sick much?
   - **(A) Less now than before**
   - **(B) Yes**
   - **(C) No**

3. How are you doing in school?
   - **(A) Better now than before**
   - **(B) Well**
   - **(C) Not very well**

4. Do you like school?
   - **(A) More now than before**
   - **(B) Yes**
   - **(C) No**

5. Do you like yourself?
   - **(A) More now than before**
   - **(B) Yes**
   - **(C) No**

(Please turn the page to continue survey.)

REMEMBER: "Before" is the time before you came to the SCHOOL-BASED YOUTH SERVICES PROGRAM. "Now" is today.

6. Do you get along with others your own age?
    (A) Better now than before
    (B) Yes
    (C) No

7. Do you want to stay in school?
    (A) More now than before
    (B) Yes
    (C) No

8. Do you get into trouble very much?
    (A) Less now than before
    (B) Yes
    (C) No

9. Do you like your family?
    (A) More now than before
    (B) Yes
    (C) No

10. Do you help others without being told?
    (A) More now than before
    (B) Yes
    (C) No

11. Do you like kids of a different race or color than you?
    (A) More now than before
    (B) Yes
    (C) No

12. How do you feel when you get up in the morning?
    (A) Better now than before
    (B) Good
    (C) Bad

13. Do you worry very much?
    (A) Less now than before
    (B) Yes
    (C) No

14. Do you wash your hands every morning?
    (A) More often now than before
    (B) Yes
    (C) No

15. Do you brush your teeth every morning?
    (A) More often now than before
    (B) Yes
    (C) No

16. Do you comb or brush your hair every morning?
    (A) More often now than before
    (B) Yes
    (C) No

17. Do you usually get to school on time?
    (A) More often now than before
    (B) Yes
    (C) No

18. Are you absent very much?
    (A) Less now than before
    (B) Yes
    (C) No

19. Are you happy?
    (A) More now than before
    (B) Yes
    (C) No

20. Do you want to learn in school?
    (A) More now than before
    (B) Yes
    (C) No

REMEMBER: "Before" is the time before you came to the SCHOOL-BASED YOUTH SERVICES PROGRAM. "Now" is today.

21. Do you know what you want to be when you grow up?
    (A) I do now, but didn't before
    (B) I did before
    (C) No

22. Do you like playing with others?
    (A) More now than before
    (B) Yes
    (C) No

Section 2: Please write in your answers to the following, in the spaces provided.

List one or two ways in which you feel that you have done better this year.

1. ______________________________
2. ______________________________

Who or what helped you to do better?

1. ______________________________
2. ______________________________

List one or two things that you are still having trouble with in school or in your life.

1. ______________________________
2. ______________________________

Section 3: What could the SCHOOL-BASED YOUTH SERVICES PROGRAM do to help you more?

1. ______________________________
2. ______________________________

Section 4: Please complete the following:

1. What is your age? (write in) _____

2. What is your gender? (check one)
   a. ___ Female
   b. ___ Male

3. What is your racial or ethnic group? (check one)
   a. ___ African-American (black)
   b. ___ Asian-American
   c. ___ Caucasian (white)
   d. ___ Hispanic
   e. ___ Native American (American Indian)
   f. ___ Other ____________________

4. Whom do you live with? (check one)
   a. ___ Both parents
   b. ___ One parent
   c. ___ Relative or friend
   d. ___ Shelter
   e. ___ Other ____________________

5. Where do you live? (check one)
   a. ___ House
   b. ___ Apartment or mobile home
   c. ___ Camper, trailer, or motorhome
   c. ___ Car, truck, or tent
   d. ___ Shelter
   e. ___ Other ____________________

Section 5: About the SCHOOL-BASED YOUTH SERVICES PROGRAM and/or the survey:

Is there anything else you would like to say?___

____

____

____

(Please turn the page to complete survey.)

Section 6: About this survey:

1. Was it easy?
   - **(A) Yes**
   - **(B) No**

2. Were the questions clear?
   - **(A) Yes**
   - **(B) No**

3. About how long did the survey take?
   ____ minutes (please write in)

THANK YOU VERY MUCH **FOR YOUR HELP!** The information you have provided will be very helpful to the **SCHOOL-BASED YOUTH SERVICES PROGRAM.**

THE FOLLOWING SECTION WILL BE FILLED OUT BY THE STAFF PERSON.

Please complete the following for this respondent:

Total #contacts with the SBYSP = ___

1. #contacts in primary/preventive health = ___
2. #contacts in mental health = ___
3. #contacts in employment/ training = ___
4. #contacts in educational services = ___
5. #contacts in case management = ___
6. #contacts in substance abuse = ___
7. #contacts in other service areas = ___

Staff Comments: ____________________________

____

____

____

Appendix E

1995-96 Middle School Student Survey

SCHOOL-BASED YOUTH SERVICES PROGRAM:

1995-96 MIDDLE SCHOOL STUDENT SURVEY

Section 1: Read each of the following questions. Each question has three possible responses. Think back to the time **before** you came to the SCHOOL-BASED YOUTH SERVICES PROGRAM and how you were then. **For this survey, the "SCHOOL-BASED YOUTH SERVICES PROGRAM" is the** ____. Then think about how you are **now** -- today. Select and **circle** the answer (A, B, or C) that is the **most truthful** answer to the question for you. **THERE ARE NO RIGHT OR WRONG ANSWERS.** Select the one YOU FEEL is most true for you. You may omit any question that you do not feel is applicable to you. Please do NOT put your name on this survey. **Your responses will be completely private.**

Example 1: Do you like math?
(A) More now than before
(B) Yes
(C) No

Suppose you enjoy math class now but you did not like it before you came to the SCHOOL-BASED YOUTH SERVICES PROGRAM. You would circle **(A)**, since you like math **more now than before**.

Example 2: How do you feel before you go to sleep at night?
(A) Better now than before
(B) Good
(C) Bad

Suppose you have always felt good before you went to sleep at night. You don't go to bed hungry and are not afraid something bad will happen to you. You would circle **(B)**, since you feel **good** before you go to sleep.

Example 3: Do you like physical education (gym) class?
(A) More now than before
(B) Yes
(C) No

Suppose you have a health problem, so you cannot play sports or other games in gym with the other students. You feel left out. You would circle **(C)**, since you do NOT like physical education (gym) class.

REMEMBER: "Before" refers to how you were **before you came to the** SCHOOL-BASED YOUTH SERVICES PROGRAM. **"Now" is today**.

---

1. Do you know where to go for help?
(A) More now than before
(B) Yes
(C) No

2. Do you get sick much?
(A) Less now than before
(B) Yes
(C) No

3. How are you doing in school?
(A) Better now than before
(B) Well
(C) Not very well

4. Are you absent very much?
(A) Less now than before
(B) Yes.
(C) No

5. Have you set goals for your future?
(A) I do now, but didn't before
(B) I did before
(C) No

6. Do you like school?
(A) More now than before
(B) Yes
(C) No

7. Do you like yourself?
(A) More now than before
(B) Yes
(C) No

8. Do you get along with others your own age?
(A) Better now than before
(B) Yes
(C) No

9. Do you use drugs?
(A) Less now than before
(B) Yes
(C) No
[Note: "Drugs" includes marijuana, cocaine, and other substances, but does NOT include alcohol or tobacco.]

10. Are you using alcohol?
(A) Less now than before
(B) Yes
(C) No

(Please turn the page to continue survey.)

REMEMBER: "Before" refers to how you were before you came to the SCHOOL-BASED YOUTH SERVICES PROGRAM. "Now" is today.

---

11. Are you using tobacco (smoking or chewing)?
    - **(A) Less now than before**
    - **(B) Yes**
    - **(C) No**

12. Do you have unprotected (unsafe) sex?
    - **(A) Less now than before**
    - **(B) Yes**
    - **(C) No**

13. Do you want to stay in school and graduate?
    - **(A) More now than before**
    - **(B) Yes**
    - **(C) No**

14. Do you get into trouble very much?
    - **(A) Less now than before**
    - **(B) Yes**
    - **(C) No**

15. Do you like your family?
    - **(A) More now than before**
    - **(B) Yes**
    - **(C) No**

16. Do you get along with members of your family?
    - **(A) More now than before**
    - **(B) Yes**
    - **(C) No**

17. Do you make decisions for yourself?
    - **(A) More now than before**
    - **(B) Yes**
    - **(C) No**

18. Do you help others without being told?
    - **(A) More now than before**
    - **(B) Yes**
    - **(C) No**

19. Do you like kids of a different race or color than you?
    - **(A) More now than before**
    - **(B) Yes**
    - **(C) No**

20. How do you feel when you get up in the morning?
    - **(A) Better now than before**
    - **(B) Good**
    - **(C) Bad**

21. Do you worry very much?
    - **(A) Less now than before**
    - **(B) Yes**
    - **(C) No**

22. Do you get in trouble with the law?
    - **(A) Less now than before**
    - **(B) Yes**
    - **(C) No**

23. Do you know about the importance of good health habits (cleanliness, nutrition, and exercise)?
    - **(A) More now than before**
    - **(B) Yes**
    - **(C) No**

24. Are you able to see what needs to be done and do it without being told?
    - **(A) More now than before**
    - **(B) Yes**
    - **(C) No**

25. Do you usually get to school on time?
    - **(A) More often now than before**
    - **(B) Yes**
    - **(C) No**

26. Are you happy?
    - **(A) More now than before**
    - **(B) Yes**
    - **(C) No**

27. Do you want to learn in school?
    - **(A) More now than before**
    - **(B) Yes**
    - **(C) No**

28. Do you know what you want to be when you grow up?
    - **(A) I do now, but didn't before**
    - **(B) I did before (and still do)**
    - **(C) No**

29. Do you like playing with others?
    - **(A) More now than before**
    - **(B) Yes**
    - **(C) No**

If you have a job, please answer the following question:

30. Do you show up on time for work?
    - **(A) More often now than before**
    - **(B) Yes**
    - **(C) No**

Section 2: Please write in your answers to the following, in the spaces provided.

List one or two ways in which you feel that you have done better this year.

1. ______________________________
____
2. ______________________________
____

Who or what helped you to do better?

1. ______________________________
2. ______________________________

List one or two things that you are still having trouble with in school or in your life.

1. ______________________________
____
2. ______________________________
____

Section 3: Answer the following questions by checking one or more of the answers which **you feel** are best. You may also write in your own answer under "other."

1. Think about your health and how you have done in school this past year. Check one or more of the following *if* they **helped you to do better in school**.
   a. ___ eating better, nutritious foods
   b. ___ getting regular exercise
   c. ___ getting enough rest and sleep
   d. ___ reducing or not using drugs
   e. ___ reducing or not using alcohol
   f. ___ reducing or not using tobacco
   g. ___ not having unsafe sex
   h. ___ not getting pregnant
   i. ___ not getting someone pregnant
   j. ___ getting dental care
   k. ___ getting medical care
   l. ___ knowledge about health issues
   m. ___ reducing or controlling stress
   n. ___ worrying less
   o. ___ dealing with depression
   p. ___ having a positive attitude
   q. ___ other (please write in): ______________
   ____

2. Think about your involvement in work and career training this past year. Check one or more of the following *if* they **helped you to do better in school**.
   a. ___ training for a job
   b. ___ learning about careers
   c. ___ getting a job
   d. ___ setting goals for my future
   e. ___ working with others on a team
   f. ___ helping others
   g. ___ having good attendance
   h. ___ being on time
   i. ___ learning about parenting
   j. ___ other (please write in): ______________
   ____

Section 4: Read each question given below. Think about your involvement with the **SCHOOL-BASED YOUTH SERVICES PROGRAM**. Circle the one answer choice that is closest to **your true opinion or feeling** about this program. If you feel that the question does not apply to you, circle **(D)**.

1. Did the staff person try to understand your feelings?
   (A) Yes
   (B) Sometimes
   (C) No
   (D) Does not apply to me

2. Did the staff person respect you?
   (A) Yes
   (B) Sometimes
   (C) No
   (D) Does not apply to me

3. Did the staff person pay attention to you when you talked?
   (A) Yes
   (B) Sometimes
   (C) No
   (D) Does not apply to me

4. Was the room in which services were provided satisfactory?
   (A) Yes
   (B) Sometimes
   (C) No
   (D) Does not apply to me

5. Did the staff person care about your interests?
   (A) Yes
   (B) Sometimes
   (C) No
   (D) Does not apply to me

(Please turn the page to continue survey.)

6. Did the staff person preach to you about your problems?
   (A) Yes
   (B) Sometimes
   (C) No
   (D) Does not apply to me

7. Did the staff person talk down to you?
   (A) Yes
   (B) Sometimes
   (C) No
   (D) Does not apply to me

8. Did the staff person help you to solve your problem?
   (A) Yes
   (B) Sometimes
   (C) No
   (D) Does not apply to me

9. Was the staff person friendly?
   (A) Yes
   (B) Sometimes
   (C) No
   (D) Does not apply to me

10. Did the staff person answer all of your questions?
   (A) Yes
   (B) Sometimes
   (C) No
   (D) Does not apply to me

11. What could the SCHOOL-BASED YOUTH SERVICES PROGRAM do to help you more? ________________

____

Section 5: Please complete the following:

1. What is your age? (write in) _____

2. What is your gender? (check one)
   a. ___ Female
   b. ___ Male

3. What is your racial or ethnic group? (check one)
   a. ___ African-American (black)
   b. ___ Asian-American
   c. ___ Caucasian (white)
   d. ___ Hispanic
   e. ___ Native American (American Indian)
   f. ___ Other ______________________

4. Whom do you live with? (check one)
   a. ___ Both parents
   b. ___ One parent
   c. ___ Relative or friend
   d. ___ Shelter
   e. ___ Other ______________________

5. Where do you live? (check one)
   a. ___ House
   b. ___ Apartment or mobile home
   c. ___ Camper, trailer, or motorhome
   c. ___ Car, truck, or tent
   d. ___ Shelter
   e. ___ Other ______________________

Section 6: Regarding the **SCHOOL-BASED YOUTH SERVICES PROGRAM** and/or the survey:

Is there anything else you would like to say? ____________

____

____

Section 7: Regarding this survey:

1 . Was it easy?
   (A) Yes
   (B) No

2. Were the questions clear?
   (A) Yes
   (B) No

3. About how long did the survey take? ____ minutes (please write in)

THANK YOU VERY MUCH FOR YOUR HELP! The information you have provided will be very helpful to the **SCHOOL-BASED YOUTH SERVICES PROGRAM.**

THE FOLLOWING SECTION WILL BE FILLED OUT BY THE STAFF PERSON.

Please complete the following for this respondent:

Total #contacts with the SBYSP = ___
   1. #contacts in primary/preventive health = ___
   2. #contacts in mental health = ___
   3. #contacts in employment/ training = ___
   4. #contacts in educational services = ___
   5. #contacts in case management = ___
   6. #contacts in substance abuse = ___
   7. #contacts in other service areas = ___

Staff Comments: ______________________________

____

____

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Appendix F

1995-96 High School Student Survey

SCHOOL-BASED YOUTH SERVICES PROGRAM:

1995-96 HIGH SCHOOL STUDENT SURVEY

Section 1: Read each of the following questions. Each question has three possible responses. Think back to the time **before** you came to the SCHOOL-BASED YOUTH SERVICES PROGRAM and how you were then. **For this survey, the "SCHOOL-BASED YOUTH SERVICES PROGRAM" is the** ______________________________. Then think about how you are **now** -- today. Select and **circle** the answer (A, B, or C) that is the **most truthful** answer to the question for you. **THERE ARE NO RIGHT OR WRONG ANSWERS.** Select the one YOU FEEL is most true for you. You may omit any question that you do not feel is applicable to you. Please do NOT put your name on this survey. **Your responses will be completely private.**

Example 1: Do you like math?
(A) More now than before
(B) Yes
(C) No

Suppose you enjoy math class now but you did not like it before you came to the SCHOOL-BASED YOUTH SERVICES PROGRAM in your school. You would circle **(A)**, since you like math **more now than before**.

Example 2: How do you feel before you go to sleep at night?
(A) Better now than before
(B) Good
(C) Bad

Suppose you have always felt good before you went to sleep at night. You don't go to bed hungry and are not afraid something bad will happen to you. You would circle **(B)**, since you feel **good** before you go to sleep.

Example 3: Do you like physical education (P.E.) class?
(A) More now than before
(B) Yes
(C) No

Suppose you have a health problem, so you cannot participate in sports or other games in the gym with the other students. You feel left out. You would circle **(C)**, since you do NOT like P.E. class.

REMEMBER: "Before" refers to how you were **before you came to the SCHOOL-BASED YOUTH SERVICES PROGRAM** in your school. **"Now"** is **today**.

---

1. Do you know where to go for help?
(A) More now than before
(B) Yes
(C) No

2. Do you get sick much?
(A) Less now than before
(B) Yes
(C) No

3. How are you doing in school?
(A) Better now than before
(B) Well
(C) Not very well

4. Are you absent very much?
(A) Less now than before
(B) Yes
(C) No

5. Have you set goals for your future?
(A) I do now, but didn't before
(B) I did before
(C) No

6. Do you like school?
(A) More now than before
(B) Yes
(C) No

7. Do you like yourself?
(A) More now than before
(B) Yes
(C) No

8. Do you get along with others your own age?
(A) Better now than before
(B) Yes
(C) No

9. Do you use drugs?
(A) Less now than before
(B) Yes
(C) No
[Note: "Drugs" includes marijuana, cocaine, and other substances, but does NOT include alcohol or tobacco.]

10. Are you using alcohol?
(A) Less now than before
(B) Yes
(C) No

11. Are you using tobacco (smoking or chewing)?
(A) Less now than before
(B) Yes
(C) No

12. Do you have unprotected (unsafe) sex?
(A) Less now than before
(B) Yes
(C) No

(Please turn the page to continue survey.)

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REMEMBER: "Before" refers to how you were **before you came to the SCHOOL-BASED YOUTH SERVICES PROGRAM** in your school. **"Now"** is **today**.

13. Can you get a job?
    - **(A) More able to now than before**
    - **(B) Yes**
    - **(C) No**

14. Do you want to stay in school and graduate?
    - **(A) More now than before**
    - **(B) Yes**
    - **(C) No**

15. Do you get into trouble very much?
    - **(A) Less now than before**
    - **(B) Yes**
    - **(C) No**

16. Do you like your family?
    - **(A) More now than before**
    - **(B) Yes**
    - **(C) No**

17. Do you get along with members of your family?
    - **(A) More now than before**
    - **(B) Yes**
    - **(C) No**

18. Do you make decisions for yourself?
    - **(A) More now than before**
    - **(B) Yes**
    - **(C) No**

19. Do you help others without being told?
    - **(A) More now than before**
    - **(B) Yes**
    - **(C) No**

20. Do you feel that you will be able to attend a college or technical school after graduation?
    - **(A) More now than before**
    - **(B) Yes**
    - **(C) No**

21. Do you feel that you will be able to get a job you really want?
    - **(A) More now than before**
    - **(B) Yes**
    - **(C) No**

22. Do you know how to help your community?
    - **(A) More now than before**
    - **(B) Yes**
    - **(C) No**

23. Do you feel that you will be able to get into the military (assuming you wanted to)?
    - **(A) More now than before**
    - **(B) Yes**
    - **(C) No**

24. Do you like kids of a different race or color than you?
    - **(A) More now than before**
    - **(B) Yes**
    - **(C) No**

25. How do you feel when you get up in the morning?
    - **(A) Better now than before**
    - **(B) Good**
    - **(C) Bad**

26. Do you worry very much?
    - **(A) Less now than before**
    - **(B) Yes**
    - **(C) No**

27. Do you get in trouble with the law?
    - **(A) Less now than before**
    - **(B) Yes**
    - **(C) No**

28. Do you know about the importance of good health habits (cleanliness, nutrition, and exercise)?
    - **(A) More now than before**
    - **(B) Yes**
    - **(C) No**

29. Are you able to see what needs to be done and do it without being told?
    - **(A) More now than before**
    - **(B) Yes**
    - **(C) No**

30. Do you usually get to school on time?
    - **(A) More often now than before**
    - **(B) Yes**
    - **(C) No**

31. Are you happy?
    - **(A) More now than before**
    - **(B) Yes**
    - **(C) No**

32. Do you want to achieve in school?
    - **(A) More now than before**
    - **(B) Yes**
    - **(C) No**

33. Do you have a career interest?
    - **(A) I do now, but didn't before**
    - **(B) I did before (and still do)**
    - **(C) No**

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REMEMBER: "Before" refers to how you were **before you came to the SCHOOL-BASED YOUTH SERVICES PROGRAM** in your school. **"Now"** is **today**.

34. a. Do you have a career goal?
    - **(A) I do now, but didn't before**
    - **(B) I did before (and still do)**
    - **(C) No**

If you answered **(A)** or **(B)** to the above question, please answer the following:

b. Do you feel you will be able to achieve your career goal?
- **(A) More now than before**
- **(B) Yes**
- **(C) No**

c. What is your career goal? ______________________

35. Do you like working with others?
    - **(A) More now than before**
    - **(B) Yes**
    - **(C) No**

If you have a job, please answer the following question:

36. Do your show up on time for work?
    - **(A) More often now than before**
    - **(B) Yes**
    - **(C) No**

Section 2: Please write in your answers to the following, in the spaces provided.

List one or two ways in which you feel that you have done better this year.

1. ______________________________

   ____
2. ______________________________

   ____

Who or what helped you to do better?

1. ______________________________
2. ______________________________

List one or two things that you are still having trouble with in school or in your life.

1. ______________________________

   ____
2. ______________________________

   ____

Section 3: Answer the following questions by checking one or more of the answers which **you feel** are best. You may also write in your own answer under "other."

1. Think about your health and how you have done in school this past year. Check one or more of the following *if* they **helped you to do better in school**.

a. ___ eating better, nutritious foods
b. ___ getting regular exercise
c. ___ getting enough rest and sleep
d. ___ reducing or not using drugs
e. ___ reducing or not using alcohol
f. ___ reducing or not using tobacco
g. ___ not having unsafe sex
h. ___ not getting pregnant
i. ___ not getting someone pregnant
j. ___ getting dental care
k. ___ getting medical care
l. ___ knowledge about health issues
m. ___ reducing or controlling stress
n. ___ worrying less
o. ___ dealing with depression
p. ___ having a positive attitude
q. ___ other (please write in): ______________

2. Think about your involvement in work and career training this past year. Check one or more of the following *if* they **helped you to do better in school**.

a. ___ training for a job
b. ___ learning about careers
c. ___ getting a job
d. ___ setting goals for my future
e. ___ working with others on a team
f. ___ helping others
g. ___ having good attendance
h. ___ being on time
i. ___ learning about parenting
j. ___ other (please write in): ______________

Section 4: Read each question given below. Think about your involvement with the **SCHOOL-BASED YOUTH SERVICES PROGRAM** in your school. Circle the one answer choice that is closest to **your true opinion or feeling** about this program. If you feel that the question does not apply to you, circle **(D)**.

1. Did the staff person try to understand your feelings?
   - **(A) Yes**
   - **(B) Sometimes**
   - **(C) No**
   - **(D) Does not apply to me**

2. Did the staff person respect you?
   - **(A) Yes**
   - **(B) Sometimes**
   - **(C) No**
   - **(D) Does not apply to me**

(Please turn the page to continue survey.)

3. Did the staff person pay attention to you when you talked?
(A) Yes
(B) Sometimes
(C) No
(D) Does not apply to me

4. Was the room in which services were provided satisfactory?
(A) Yes
(B) Sometimes
(C) No
(D) Does not apply to me

5. Did the staff person care about your interests?
(A) Yes
(B) Sometimes
(C) No
(D) Does not apply to me

6. Did the staff person preach to you about your problems?
(A) Yes
(B) Sometimes
(C) No
(D) Does not apply to me

7. Did the staff person talk down to you?
(A) Yes
(B) Sometimes
(C) No
(D) Does not apply to me

8. Did the staff person help you to solve your problem?
(A) Yes
(B) Sometimes
(C) No
(D) Does not apply to me

9. Was the staff person friendly?
(A) Yes
(B) Sometimes
(C) No
(D) Does not apply to me

10. Did the staff person answer all of your questions?
(A) Yes
(B) Sometimes
(C) No
(D) Does not apply to me

11. What could the **School-Based Youth Services Program** do to help you more? ____________________

____

Section 5: Please complete the following:

1. What is your age? (write in) _____

2. What is your gender? (check one)
a. ___ Female
b. ___ Male

3. What is your racial or ethnic group? (check one)
a. ___ African-American (black)
b. ___ Asian-American
c. ___ Caucasian (white)
d. ___ Hispanic
e. ___ Native American (American Indian)
f. ___ Other ____________________

4. Whom do you live with? (check one)
a. ___ Both parents
b. ___ One parent
c. ___ Relative or friend
d. ___ Shelter
e. ___ Other ____________________

5. Where do you live? (check one)
a. ___ House
b. ___ Apartment or mobile home
c. ___ Camper, trailer, or motorhome
c. ___ Car, truck, or tent
d. ___ Shelter
e. ___ Other ____________________

Section 6: Regarding the **School-Based Youth Services Program** and/or the survey:

Is there anything else you would like to say? ________________

____

____

Section 7: Regarding this survey:

1. Was it easy?
(A) Yes
(B) No

2. Were the questions clear?
(A) Yes
(B) No

3. About how long did the survey take? ____ minutes (please write in)

THANK YOU VERY MUCH FOR YOUR HELP! The information you have provided will be very helpful to the **SCHOOL-BASED YOUTH SERVICES PROGRAM**.

THE FOLLOWING SECTION WILL BE FILLED OUT BY THE STAFF PERSON.
Please complete the following for this respondent:
Total #contacts with the SBYSP = ___
1. #contacts in primary/preventive health = ___
2. #contacts in mental health = ___
3. #contacts in employment/training = ___
4. #contacts in educational services = ___
5. #contacts in case management = ___
6. #contacts in substance abuse = ___
7. #contacts in other service areas = ___

Staff Comments: ____________________________

Appendix G

1995-96 Parent Survey

SCHOOL-BASED YOUTH SERVICES PROGRAM:

1995-96 PARENT SURVEY

Section 1: Read each of the following statements. The word "before" refers to the time before your child came to the SCHOOL-BASED YOUTH SERVICES PROGRAM for help. **For this survey, the "SCHOOL-BASED YOUTH SERVICES PROGRAM" is the** ______________________________. The word "now" refers to today. In each question, think about how your child is now compared with how he/she was before. Then select and **circle** the answer choice (A, B, C, etc.) that answers the question about your child **most truthfully**, as you see it. Please complete the survey by yourself, using only your knowledge and opinion. Please do not question your child to gain information to answer these questions. This survey is for parents of students from grades 4 to 12. Some of these questions may not apply to your child, at her/his grade level or age. **YOU MAY OMIT ANY QUESTION THAT YOU DO NOT FEEL IS APPLICABLE TO YOUR CHILD.** Your responses will be completely confidential and will be used in statistical reporting only. (Please do NOT put your name on this form.)

Example 1: How is your child doing in math?
- **(A) Better now than before**
- **(B) Well**
- **(C) Not very well**

Suppose you feel that your child is doing well in math class now. Your child was, also, doing well in math before he/she came to the SCHOOL-BASED YOUTH SERVICES PROGRAM. You would circle **(B)**, since you feel that your child is doing **well** in math.

Example 2: Does your child get along with her/his teachers?
- **(A) Better now than before**
- **(B) Yes**
- **(C) No**

Suppose your child is getting along well with her/his teachers now but was not getting along with them before coming to the SCHOOL-BASED YOUTH SERVICES PROGRAM. You would circle **(A)**, since your child gets along with her/his teachers **better now than before**.

Example 3: Does your child help out around the house?
- **(A) Better now than before**
- **(B) Yes**
- **(C) No**

Suppose your child refuses to help with household chores or even to clean her/his room. You would circle **(C)**, since your child does NOT help out around the house.

REMEMBER: "Before" refers to how your child was **before he/she came to the SCHOOL-BASED YOUTH SERVICES PROGRAM. "Now" is today.**

---

1. Does your child know where to go for help?
   - **(A) More now than before**
   - **(B) Yes**
   - **(C) No**

2. Does your child get sick much?
   - **(A) Less now than before**
   - **(B) Yes**
   - **(C) No**

3. How is your child doing in school?
   - **(A) Better now than before**
   - **(B) Well**
   - **(C) Not very well**

4. Is your child absent very much?
   - **(A) Less now than before**
   - **(B) Yes**
   - **(C) No**

5. Has your child set goals for her/his future?
   - **(A) He/she does now, but didn't before**
   - **(B) He/she did before**
   - **(C) No**

6. Does your child like school?
   - **(A) More now than before**
   - **(B) Yes**
   - **(C) No**

7. Does your child like herself/himself?
   - **(A) More now than before**
   - **(B) Yes**
   - **(C) No**

8. Does your child get along with others her/his own age?
   - **(A) Better now than before**
   - **(B) Yes**
   - **(C) No**

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(Please turn the page to continue survey.)

REMEMBER: "Before" refers to how your child was before he/she came to the SCHOOL-BASED YOUTH SERVICES PROGRAM. **"Now"** is today.

9. Does your child use drugs?
   (A) Less now than before
   (B) Yes
   (C) No
   [Note: "Drugs" includes marijuana, cocaine, and other substances, but does NOT include alcohol or tobacco.]

10. Is your child using tobacco (smoking or chewing)?
    (A) Less now than before
    (B) Yes
    (C) No

11. Is your child using alcohol?
    (A) Less now than before
    (B) Yes
    (C) No

12. Does your child have unprotected (unsafe) sex?
    (A) Less now than before
    (B) Yes
    (C) No

13. Can your child get a job?
    (A) More able to now than before
    (B) Yes
    (C) No

14. Does your child want to stay in school and graduate?
    (A) More now than before
    (B) Yes
    (C) No

15. Does your child get into trouble very much?
    (A) Less now than before
    (B) Yes
    (C) No

16. Does your child like your family?
    (A) More now than before
    (B) Yes
    (C) No

17. Does your child get along with members of your family?
    (A) More now than before
    (B) Yes
    (C) No

18. Does your child make decisions for herself/himself?
    (A) More now than before
    (B) Yes
    (C) No

19. Does your child help others without being told?
    (A) More now than before
    (B) Yes
    (C) No

20. Does your child feel that he/she will be able to attend a college or technical school after graduation?
    (A) More now than before
    (B) Yes
    (C) No

21. Does your child feel that he/she will be able to get a job they really want?
    (A) More now than before
    (B) Yes
    (C) No

22. Does your child know how to help your community?
    (A) More now than before
    (B) Yes
    (C) No

23. Does your child feel that he/she will be able to get into the military (assuming they wanted to)?
    (A) More now than before
    (B) Yes
    (C) No

24. Does your child like young people of a different race or color than herself/himself?
    (A) More now than before
    (B) Yes
    (C) No

25. How do you think your child feels when he/she gets up in the morning?
    (A) Better now than before
    (B) Good
    (C) Bad

26. Does your child worry very much?
    (A) Less now than before
    (B) Yes
    (C) No

27. Does your child get in trouble with the law?
    (A) Less now than before
    (B) Yes
    (C) No

28. Does your child know about the importance of good health habits (cleanliness, nutrition, and exercise)?
    (A) More now than before
    (B) Yes
    (C) No

REMEMBER: "Before" refers to how your child was before he/she came to the SCHOOL-BASED YOUTH SERVICES PROGRAM. "Now" is today.

29. Is your child able to see what needs to be done and do it without being told?
    - **(A) More now than before**
    - **(B) Yes**
    - **(C) No**

30. Does your child usually get to school on time?
    - **(A) More often now than before**
    - **(B) Yes**
    - **(C) No**

31. Is your child happy?
    - **(A) More now than before**
    - **(B) Yes**
    - **(C) No**

32. Does your child want to achieve in school?
    - **(A) More now than before**
    - **(B) Yes**
    - **(C) No**

33. Does your child have a career interest?
    - **(A) He/she does now, but didn't before**
    - **(B) He/she did before (and still does)**
    - **(C) No**

34. a. Does your child have a career goal?
    - **(A) He/she does now, but didn't before**
    - **(B) He/she did before (and still does)**
    - **(C) No**

    If you answered **(A)** or **(B)** to the above question, please answer the following:

    b. Do your child feel he/she will be able to achieve her/his career goal?
    - **(A) More able now than before**
    - **(B) Yes**
    - **(C) No**

    c. What is your child's career goal?_______________

    ____

35. Does your child like working with others?
    - **(A) More now than before**
    - **(B) Yes**
    - **(C) No**

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If your child has a job, please answer the following question:

36. Does your child show up on time for work?
    - **(A) More often now than before**
    - **(B) Yes**
    - **(C) No**

Section 2: Please write in your answers to the following, in the spaces provided.

List one or two ways in which you feel that your child has improved this year.

1. ________________________________

   ____

2. ________________________________

   ____

Who or what helped your child to make these improvements?

1. ________________________________
2. ________________________________

List one or two things that you feel your child is still having trouble with in school or in her/his life.

1. ________________________________

   ____

2. ________________________________

   ____

Section 3: Think about your involvement with the SCHOOL-BASED YOUTH SERVICES PROGRAM, as a parent.

1. About how often did you use the services of the SCHOOL-BASED YOUTH SERVICES PROGRAM during the past year?
   - **(A) Didn't use**
   - **(B) 1-5 times**
   - **(C) 6-10 times**
   - **(D) More than 10 times**

2. If you answered **(B)**, **(C)**, or **(D)** in question 1, how would you rate your experience with the SCHOOL-BASED YOUTH SERVICES PROGRAM?
   - **(A) very positive**
   - **(B) positive**
   - **(C) negative**
   - **(D) very negative**

   If you answered **(C)** or **(D)** to the previous question, describe the problem or difficulty you had with the SCHOOL-BASED YOUTH SERVICES PROGRAM: ______

   ____

(Please turn the page to complete survey.)

3. What could the SCHOOL-BASED YOUTH SERVICES PROGRAM do to help you and/or your child more?______

____

____

Section 4: Please complete the following.

1. What is your age? (write in) ____

2. What is your racial or ethnic group? (check one)
   - ____ African-American (black)
   - ____ Asian-American
   - ____ Caucasian (white)
   - ____ Hispanic
   - ____ Native American (American Indian)
   - ____ Other ____________________

3. What is your gender? (check one)
   - ____ Female
   - ____ Male

4. What is your marital status? (check one)
   - ____ Single
   - ____ Married
   - ____ Divorced
   - ____ Separated
   - ____ Widowed

5. Where do you live? (check one)
   - ____ Private residence (house)
   - ____ Apartment or mobile home
   - ____ Camper, trailer, or motorhome
   - ____ Car, truck, or tent
   - ____ Shelter
   - ____ Relatives or friends
   - ____ Other ____________________

6. Do you have a disability?
   - ____ Yes
   - ____ No

   If "Yes," what is your disability? ______________

Section 5: Regarding the SCHOOL-BASED YOUTH SERVICES PROGRAM and/or the survey:

Is there anything else you would like to say? ___________

____

____

____

Section 6: Regarding this survey:

1. Was it easy to complete?
   (A) Yes **(B) No**

2. Were the questions clear?
   (A) Yes **(B) No**

3. About how long did the survey take you to complete it?
   ____ minutes (please write in)

THANK YOU VERY MUCH FOR YOUR COOPERATION! The information you have provided will be very helpful to the **SCHOOL-BASED YOUTH SERVICES PROGRAM.**

THE FOLLOWING SECTION WILL BE FILLED OUT BY THE STAFF PERSON.

Please complete the following for this respondent's child:

Total number of contacts with the SBYSP = ___
1. #contacts in primary and preventive health = ___
2. #contacts in mental health = ___
3. #contacts in employment/training = ___
4. #contacts in educational service area = ___
5. #contacts in case management = ___
6. #contacts in substance abuse = ___
7. #contacts in other service areas = ___

Grade level of child: ______________________________

Staff Comments: ______________________________

____

Appendix H

Memorandum on Risk Assessment

MEMORANDUM

Date: January 31, 1994

From: Jim Veale

To: All SBYSP Site Project Managers

Subject: Assessing and coding the "risk factor"

The meeting of December 9, 1993 in Des Moines produced 30 "risk factors." We rated them either critical (a "5") or non-critical ("1" or "3"). (For practical purposes, at least for our scoring scheme, we may consider a "1" and a "3" to be equivalent.) The procedure for assessing overall risk of the student is as follows:

(1) low risk - no factors indicated
(2) medium risk - 1 to 3 non-critical factors ("1s" or "3s") indicated
(3) high risk - (a) one or more of the critical factors ("5s") indicated *or* (b) 4 or more of the non-critical factors indicated

The seven *critical* factors are the following:

- dropout or expelled
- victim of physical, psychological, sexual abuse, rape or other violent crime
- pregnancy/teen parent
- homeless (on the street, shelter, transitional housing, living with friends, or other temporary arrangement)
- language/cultural barriers
- out-of-home placement (foster care, detention, independent living, residential treatment, etc.)
- committed criminal acts

The 23 non-critical factors are:

- experienced repeated school failure (low achievement, low grades)
- poor attendance, repeated suspensions, repeated tardiness
- special education student or student with mental, learning, behavioral, or physical disabilities whose needs are not met through special education
- no extra-curricular school activities
- experienced mental health problems (including suicidal ideation or attempts or sudden personality changes)
- recent crisis (death, divorce, illness) or life transition
- social isolation/relationship problems/negative peer influence
- eating disorders
- chronic health condition
- sexually active
- substance abuse by self or family member

- economically disadvantaged
- lack of personal educational goals
- lack of motivation to improve
- family dysfunction/youth's needs are not being met by the family
- committed delinquent acts
- gang membership
- extreme mobility (moving two or more times in one year)
- inability to keep employment/unacceptable work behavior
- lack of skills for competitive employment
- no identified career interests
- lack of work ethic (not wanting to work)
- no post-secondary work or training plan or goals

It is intended that you identify these risk factors for each student upon intake and update these assessments at any point in time that risk increases significantly or new information becomes available on students.

We recommend that you code the assessments of low, medium, and high risk as follows:

Risk Category	**Code**
Low risk	L
Medium risk	M
High risk	H

This is simple and straightforward. It should also be easy for me to work with at the end of the year.

I am working on the surveys and database information for the 1992-93 year-end report. I am also continuing the review and revision of the student outcomes surveys. I will try to get these out to you for review sometime in March. I would like to conduct a somewhat more controlled random, systematic sample this time, with specific students (and parents) selected from a sampling frame or list. I would also like to conduct a focus group in each site this year. We found this to be an effective data collection mechanism in Des Moines last year (done as part of the FINE Foundation grant project). We may need a session in the spring to discuss some of these issues.

Let me know if you have any questions on any of this.

Sincerely,

Jim Veale

cc: Dr. Ray Morley
Margaret Edwards

Appendix I

Attainment of Survey Outcomes:
Percentages of Students and Parents with Positive Assessments on Student Outcomes Survey Questions

Attainment of Survey Outcomes: Percentages of Students and Parents with Positive Assessments on Student Outcomes Survey Questions

This table contains summary statistics for the student outcomes survey questions in the four groups surveyed: elementary, middle, and high school students, and parents. The abbreviated outcome statements in the first column correspond to the survey questions. Not all survey questions were included on all surveys; for example, elementary school students were not asked the questions on employment. Cells corresponding to groups who were not asked a survey question (outcome) are blank (-). The figures in the four columns on the right are percents of students and parents who provided a *positive assessment*—affirmation (no change) or improvement regarding the outcome addressed in the survey question. *Attainment* of the survey outcome by a group is defined as 80% or more of the group providing a positive assessment thereon. Shaded cells in the body of the table indicate less than 80% positive assessment or *non-attainment* of the outcome by the group. Shaded outcome statements (left-most column) indicate that more than 50% of groups surveyed (3 or more, if four groups answered the question, 2 or more if only three groups answered it, and 2 if only two groups answered it) had less than 80% positive assessment or non-attainment of the outcome.

Outcome Assessed in Survey Question	Percentage of Positive Assessments [a]			
Good or better now than before in the following areas:	High School	Middle School	Elementary School	Parents
Getting help	98.5	94.2	98.1	96.2
Overall physical health	75.8	82.0	86.7	88.8
Performance in school	76.1	87.6	93.4	88.7
Attendance in school	73.1	87.7	90.7	89.7
Setting goals for the future	79.7	78.8	-	67.0
Attitude toward school	75.4	67.9	86.0	79.8
Attitude toward self	92.5	94.9	96.3	93.5
Getting along with peers	94.8	89.9	95.3	94.0
Non-use of drugs	93.2	97.8	-	98.2
Non-use of alcohol	82.7	98.5	-	94.0
Non-use of tobacco	64.9	73.8	-	85.6
Not having unprotected sex	85.7	87.6	-	96.1
Getting a job	93.2	-	-	53.1
Staying in school/graduating (or getting GED)	95.4	96.7	93.4	96.8
Staying out of trouble	89.5	71.9	86.0	93.7
Attitude toward family	88.4	95.2	99.1	93.2
Getting along with family members	87.7	92.6	-	91.9
Making own decisions	97.0	96.7	-	94.2

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Outcome Assessed in Survey Question		Percentage of Positive Assessments [a]			
Good or better now than before in the following areas:		High School	Middle School	Elementary School	Parents
Helping others		95.5	89.6	86.8	83.8
Attending college/technical school		78.6	-	-	91.6
Getting a desired job		84.0	-	-	93.3
Helping community		78.8	-	-	75.7
Getting into military		65.4	-	-	76.0
Acceptance of people of different race or color		90.6	96.8	98.1	95.8
Feeling when get up in morning		80.9	83.2	90.5	88.2
Not worrying		55.0	72.8	70.8	63.1
Not getting in trouble with law		93.1	78.0	-	96.7
Knowledge of health	Elementary: Wash hands	97.7	94.4	80.2	96.0
	Brush teeth			79.8	
	Comb/brush hair			92.5	
Taking initiative		97.7	85.5	-	57.7
Promptness in school		87.7	96.0	97.2	96.8
Feeling happy		87.1	90.3	95.3	94.5
Desire to achieve/learn		95.4	95.2	98.1	95.3
Selection of career interest		86.0	75.6	74.3	78.1
Establishment of career goal		80.9	-	-	66.2
If answer to above question is positive: Ability to achieve career goal		91.2	-	-	95.9
Playing/Working with others		97.6	93.4	98.1	98.1
If respondent has a job: Promptness in job		97.1	93.9	-	91.1

[a] Percentage of positive assessment is based on the number responding affirmatively (no change) or improved (over how they were before coming to the SBYSP) divided by the total number of respondents minus those omitting the question.

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